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THE NORTH-WESTERN

MEDICAL AND SURGICAL

JOURNAL:

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ORIGINAL COMMUNICATIONS.

ART. I.—*The Pathology of Fevers; or observations critical and experimental in reference to the nature, varieties, causes and treatment of Fevers.*—By N. S. DAVIS, M. D., Prof. of Pathology, Practice, and Clinical Medicine in Rush Med. College; member of the Amer. Med. Association, &c. &c.

CAUSES OF FEVER.

HAVING in former articles considered somewhat in detail, the nature and varieties of Fever *, I shall now proceed to examine briefly those agencies or causes which are capable of so acting on the human system as to give rise to febrile phenomena. In the articles just alluded to, I have claimed that all the tissues of the living body were possessed of two essential and elementary properties. By the first, the elementary cells and molecules are disposed to assume and maintain a certain definite position in relation to each other, constituting the organization or texture of parts.—This definite arrangement of the matter composing the several elementary structures, I have called their *tonicity*. Thus when the affinity of cell for cell &c., is diminished in any or all the tissues, rendering them lax in texture and consequently feeble in the performance of their function, the *tonicity* is said to be diminished; and *vice versa*. By the second, each organized cell, fibre, or tissue is rendered capable of receiving and responding to impressions. By it, the nerves and fibres are rendered capable of receiving and transmitting impressions ; the muscular fibre, of contracting on the application of nerve influence, electricity or other stimulants ; the capillaries, of responding to the presence of blood in them, &c. &c. This property, this inherent in all living matter, I have called *susceptibility ;* and have considered it capable of being increased or diminished by the action of various agents.

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* See a series of articles published in the 2nd vol. of the North Western Med. & Surg. Journal.

So long as these two properties, tonicity and susceptibility, preserve their natural condition and relations to each other, so long will the various functions of the system remain normal and health be preserved. If through any morbific influence one or both of these properties are disturbed in only one organ or tissue, *local* disease or derangement of function will follow. If the morbific influence, acting through the blood, reaches the properties of all the tissues at the same time, universal disturbance of function must follow.

Hence I have defined *fever* to consist essentially in a disturbance of the elementary properties of the whole body ; while the particular character of the fever will depend on the *direction* given to the altered properties. If the cause act in such a manner as to increase tonicity and susceptibility throughout the tissues, a true stenic or inflammatory grade of fever will be produced ; if in such a way as to diminish or depress both properties, the resulting fever will necessarily exhibit a low or *typhoid* character ; and if the cause possesses specific qualities capable of depressing one property and at the same time exalting the other, it will induce a fever of a specific character, differing alike from the inflammatory on one side and the typhoid on the other. And here I have claimed an explanation both of the *oneness* or unity of fevers, and their diversity. All fevers are a *unit*, inasmuch as they arise from disturbance of the same general properties, while they are widely *diverse* in their phenomena and results, because these properties are disturbed in different directions by exciting causes differing essentially in their nature.

In accordance with these views concerning the nature of fevers, I shall consider the *causes* under the three following heads, viz.:

1st. All such agents as are capable of exalting or increasing both susceptibility and tonicity.

2nd. Such as directly diminish both these properties.

3d. Such as exert a specific influence, increasing susceptibility and either diminishing tonicity or allowing it to remain normal.

Under the first of these divisions are included all causes capable of generating the fevers termed *Synocha*, by Cullen, Irritative and Inflammatory by Tweede, and Irritative or simple continued fevers by Dr. Wood. They are not numerous, nor are the fevers to which they give rise, as frequently met with as the other varieties, unless we include under this head those symptomatic fevers depending directly on local inflammation. The latter is so frequently the cause of this grade of fever, that many have expressed the opinion that it is always accompanied by inflammation in some of the structures of the system. Though not intending to include a consideration of mere symptomatic fever in these articles, yet an inquiry into the mode by which general febrile symptoms are produced as a consequence of local inflammation, may not be wholly irrelevant or unprofitable. That all acute inflammations of any considerable extent are soon followed by those symptoms which are universally denominated febrile, is well known; but *in what way* does the local affection act en the general properties to such an extent as to produce that universal derangement of functions which constitutes fever?

A satisfactory answer to this question is not as easily given as many would suppose. Broussais attributes the general disturbance to an irritant impression transmitted, through the medium of the nerves, from the inflamed part to the Brain, and from this reflected over the whole system. If this were true, we should always be able to trace special cerebral disturbance anterior to the general febrile phenomena, and the latter should bear a direct ratio to the former; neither of which is in acccordance with the daily observations of the profession

Others have attributed the general symptoms to the *shock* produced by the rapid congestion and other changes which take place in the inflamed part. But the word *shock* is as mysterious as any other, and consequently explains nothing. A larger number of writers, seeing that the fibrine of the blood is rapidly increased in most inflammations, have attributed the febrile excitement to the stimulant effects of the superabundant quantity of this constituent. Two facts, however, are strongly opposed to this view. The first is that the febrile symptoms often appear in their greatest intensity before the accumulation of fibrin has taken place to any considerable extent in the mass of the blood, and still more frequently disappears before the excess of fibrin is removed. The second fact is that the intensity of febrile action does not bear any uniform and direct ratio to the degree of increase in the quantity of fibrin. These may not be sufficient to justify the conclusion that the excess of fibrin exerts no exciting or irritating influence, but they are sufficient to show that it is not the *chief* cause of such action.

I am induced to believe that local inflammation induces fever either by its effects on the nervous system, or by its interference with some of the excretory functions; and in most cases by both these combined. The effect of inflammation on the nervous system alone is seldom capable of inducing more than a very moderate and ephemeral form of fever. Yet we see very often patients suffering under a distinct general febrile movement, resulting solely from a *whitlow* on the finger, for instance. The part involved in the inflammation is not such as to interfere with any secretory or eliminating function, neither of sufficient extent to materially alter the proportion of fibrin or any other constituent of the blood. But the extreme pain resulting from the irritation of nervous filaments involved in the part, is of itself sufficient to disturb, in a moderate degree, all the functions of the system; causing rigors, pains in the head and back, increased heat of skin, and frequency of pulse, restlessness, &c. Doubtless in such cases sufficient morbid impression or irritation is transmitted through the nervous filaments and connections to produce the general disturbance.

The suddenly developed paroxysms of fever which result from the irritation of worms in the alimentary canal arise chiefly from the same cause. The portion of mucous membrane in contact with the worms, is not inflamed to such a degree as would either suspend secretion or fill the blood with fibrin; but it involves a condition of the nervous filaments in the part, which is rapidly transmitted to the ganglionic and cerebro-spinal systems; thereby inducing rapidly a general excitement, which is usually as ephemeral or transitory as it is rapidly developed.

But in all the more important and lasting cases of symptomatic fever, the structures involved in inflammation are such that disturbance of one or more functions of importance necessarily results co-incidently with the beginning of the local disease. And such is the intimate relation and dependence of one important function on all the others, that no sudden disturbance of one can take place without inducing more or less change in all. Thus disease, occupying any considerable part of the cutaneous surface, suspends the elimination from the skin, causing, on the one hand, rapid accumulation of perspirable matter in the blood; thereby exerting a universal irritant influence; and on the other, equally rapid accumulation of heat from the diminished insensible evaporation, by which, in health, the caloric on the surface of the body is constantly being rendered *latent*, and conveyed away. From these two alterations—the retention of irritating matter in the circulating fluids, and the accumulation of caloric, general febrile symptoms are very quickly developed. Again, inflammation of any portion of the respiratory apparatus sufficient to materially impede respiration quickly alters the interchange of oxygen and carbonic acid through the lungs, thereby altering the quality of the blood, and, through it, the functions and properties of the system.

If we bear in mind the fact, that every change in the capillary circulation is accompanied by a change of function, we shall see that the first step in the inflammatory process, namely, determination of blood to, and its accumulation in the inflamed part, almost necessarily involves more or less alteration in the capillary circulation generally, and consequently must induce at once some general disturbance.

Add to this the irritant impression made on the nerves of the part, and through them transmitted to the important nervous centres, together with the rapidly increasing alterations of the blood, by the retention of materials designed for elimination; and there can be no difficulty in comprehending the process by which active local inflammation is soon followed by that general functional disturbance which constitutes fever.

But the same *sthenic* or inflammatory grade of febrile action may, and often does occur from other causes, without the intervention of any local inflammation.

The most important of these causes is the application of cold to the surface of the body, and the rapid alternations of temperature. To operate as an exciting cause of the sthenic grade of fever, the application of the cold must be made suddenly, and continued only for a limited period of time. Cold applied in this way produces a twofold effect—namely, a direct diminution of the capillary circulation throughout the exterior of the body, with corresponding diminution of the cutaneous exhalation, and of organic or molecular action. While this condition exists there is not only a failure to eliminate from the blood effete matter, in the form of insensible perspiration, but the restricted organic action in the exterior retards, of course, the process of nutrition, disintegration, and calorification. Hence, when the action of the cold ceases, the blood contains the retained effete perspirable matter, the exterior tissues contain particles that should have been removed by the process of disintegration, which prove directly irritant to the nervous and vascular systems. All these combined tend to develop rapidly an *irritant* influence throughout the whole system. This irritant action, coupled with the accumulation of caloric from the diminished cutaneous exhalation, soon establishes the re-action or general febrile movement. If the action of the cold has been pretty intense, but temporary, the resulting febrile action will be characterized by increased nervous sensibility and high vascular excitement. But if the action of the cold is less intense and more protracted, the sensibility of the tissues becomes diminished instead of increased; and though fever may result from the ultimate accumulation of excrementitious matter, yet the grade of morbid action will be *asthenic* rather than inflammatory.

The action of cold as an exciting cause of fever is much increased if it is accompanied by dampness. An atmosphere highly saturated with moisture, not only increases the effects of the cold on the cutaneous function, but it diminishes to a great extent also the exhalation of aqueous vapor from the lungs, thereby causing the retention of a small amount of animal matter, and a large amount of caloric which should have been rendered latent in the aqueous vapor thrown out with each expiration. Hence it is that all writers agree in attributing common continued and ephemeral fevers, characterized by sthenic excitement, to exposure to cold and wet, and sudden atmospheric changes. Thus Dr. Wood says, "the most frequent cause is probably exposure to cold. Persons who have been caught in a cold rain, and remain for some time with their wet clothes upon them, are apt to be attacked." And he very properly adds that, " whatever is capable of producing *irritation* in one or more of the important organs of the body may give rise to this kind of fever." Hence, the presence of indigestible food in the stomach, of worms in the bowels, and the irritation of teething, are generally enumerated among the exciting causes of irritative fever. But all the causes which have been mentioned except local inflammation, so frequently exist without producing fever, that most writers acknowledge the necessity of some previous predisposition. In what that predisposition consists few have attempted to explain.

It will doubtless be found in most cases, to depend on an impairment of the mutual sympathy and compensating action which always exists, in a strictly healthy condition of the system, between the more important functions of the body. This sympathy is most prominently displayed between the skin and kidneys on the one hand, and the lungs and liver on the other.

The two first eliminate from the system chiefly nitrogenous matter, and the two last carbonaceous. . The compensating action of the two first is so frequently and prominently exhibited that the most careless observer would scarcely fail to notice it. Thus whenever a healthy individual is exposed during the day to a moderately cold atmosphere, the exhalation from the surface is much diminished, while the quantity of urine discharged is proportionately increased; and so long as this continues no derangement of health ensues from the action of the cold. But let this compensating action of the kidneys cease, and the action of the cold on the surface, quickly produces the retention of a sufficient quantity of effete and waste matter in the blood to arouse the susceptibility of the whole system and establish the phenomena of fever. There are many facts which induce us to believe that a similar functional relationship exists between the lungs and liver, although the relative functional activity of both is less open to observation or manifest to the senses. Thus the occurrence of a bilious diarrhœa frequently relieves very much the consequences of severe obstructions in the lungs, and occasionally proves critical, being followed by speedy convalesence. Again, that season of the year and those locations which give rise to an atmosphere both warm and damp, are accompanied by the smallest degree of elimination of carbonic acid gas from the lungs, on the one hand, and the prevalence of diseases characterized by an excessive flow of bile on the other. This is verified during the latter part of summer and autumn in all malarious districts; while just the reverse is seen during the cold season when the atmosphere is dense and more dry.

Nature has thus provided the human body with organs capable of affording to each other a mutually compensating action, at least to an extent sufficient to preserve it from harm from the ordinary changes in the elements around us.

But whenever that mutual sympathy is interrupted or materially impaired by previous exposures or debilitating influences, then it is that the action of any cause, capable of disturbing one or more of the important functions of the body, is sufficient to develope febrile phenomena. And it is more than probable that the *predisposition* to this or that disease, of which authors so frequently speak consists in this impaired power of compensating action between the different excretory organs of the system.

Prominent among the predisposing causes of the sthenic grade of fever, are age, temperament, and season.

It is during the period of childhood and youth, before the physical system has attained its full developement, that far the larger proportion of cases of this form of disease occur. It is during this period of life that the blood contains the largest relative proportion of nutrient matter, the tissues their highest degree of susceptibility, and the organic movements take place with the greatest rapidity. Hence it is the period above all others, when excited action is most readily induced The strongly marked sanguin temperament presented in adult life doubtless predisposes to the same kind of morbid action. The essential elements of such a temperament are a fully developed vascular system, a ready excitability, and blood containing a full proportion of red corpuscles; all conditions favorable to the occurrence of excited action coupled with strength. The influence of seasons in predisposing to the prevalence of the common irritative or sthenic cases of fever is perhaps not as readily observed as that of age. My own observations, however, have led me to the conclusion that they are met with most frequently at the beginning and the end of the cold season.

The steady and intense cold of mid winter generally depresses the susceptibility of the system too much, and the heat of summer induces too great laxity or loss of tonicity, while the moderate coldness of early spring and late autumn gives the proper degree of tonicity without depressing the susceptibility, thereby presenting the system in a condition favorable to the morbid influence of the frequent changes which characterize these seasons.

Causes which depress the elementary properties.

The second class of causes which require consideration, though numerous and diverse in their nature, yet all agree in two essential qualities, namely, the power to act upon or influence the general or elementary properties of all the tissues, and to act in such a manner as to depress or diminish those properties. This latter quality distinguishes them from the agencies mentioned in the first class.

Most, if not all of the causes included in this class also differ from those mentioned in the first in another respect.

The latter, as we have seen, act primarily on particular organs and functions, and through them on the general properties of all Hence the general functional disturbance or febrile movement, resulting from their action, is a secondary effect; while those belonging to the class now under consideration are capable of exerting a direct influence on those properties which belong to all the tissues, and consequently capable of inducing, primarily, alterations of function in all the organs of the body. The chief causes included in this class are the following, viz.: The protracted influence of cold; deficient nutriment; excessive exercise; continued mental depression and anxiety; impure air; and some of the products of the decomposition of animal and vegetable matter.*

These several causes may act singly, though two or more of them frequently co-exist and exert their influence on the sytem at the same time. Thus protracted cold is often united with excessive exercise or insufficient food. So too, among the poor especially, impure air is often associated with both mental depression and unwholesome food. Indeed, it is rare that any one of the causes named, except the animal poisons, act with sufficient intensity to cause the direct developement of idiopathic fever. And yet they are each of sufficient importance to require a brief examination in reference to their *modus operandi.*

Cold. "Under the local influence of cold," says Dr. Wood, "the tissues shrink, the capillaries circulate the blood less vigorously, secretion is checked, sensibility is impaired, and the part becomes pale from the want of blood, or purplish from its stagnation. Should the application continue with intensity, a deadly whiteness ensues, circulation ceases entirely, sensibility is lost, and, though vital power is not immediately destroyed with the loss of action, local death soon follows unless the cause be removed.

When the influence is general, the whole surface undergoes the change above described; while the interior functions exhibit a similar depression. The heart acts by degrees more and more feebly a general torpor steals over the senses, the movements become tottering from muscular weakness, and the benumbing influence extends at last to the brain, giving rise to wandering of the thoughts, drowsiness, and finally an irresistible propensity to sleep."†

Dr. Williams in his Principles of Medicine remarks as follows, viz.: "Cold, on the other hand, is directly sedative. It contracts tissues and vessels, especially the arteries, and thus at first renders parts pale and shrunk. In persons of feeble circulation, after bathing, the fingers are sometimes quite bloodless and numb from this cause; the cold having quite closed up the arteries. But cold also retards the passage of the blood in the capillaries; the viscidity of the Liquor Sanguinis seems to be increased; globules stick to the sides or move but slowly, and the part soon becomes purple or blue, from the congestion of blood in it. There is also much internal congestion from the intropulsive operation of the cold—that is, the external parts being constricted and obstructed, blood accumulates more in internal parts, and the heart's force is more expended on these." The idea here expressed, that the action of cold produces "internal congestion," from its *intropulsive* operation, is one very generally entertained. But Dr. Wood goes further, and not only claims internal congestion of blood, but of nervous energy also. His language is as follows: "Another method in which cold may produce disease is, by the concentration of blood and of nervous energy in the interior organs, consequent upon their retrocession from the skin, and the parts which sympathize with the skin. It is obvious that the quantity of blood is diminished in the superficial vessels. It must necessarily, therefore, be increased in those within. It is equally certain that nervous action is depressed upon the surface; and it is highly probable that this also is concentrated in the interior organs. Excess of blood, and excess of nervous energy combined, cannot but frequently eventuate in disease." This language plainly implies that nervous energy is a something not only capable of circulation, but definite in *quantity*, like the blood; and like it, when driven from one set of organs, accumulating in another. He thus gives to the mere *property* of a particular tissue, all the essential qualities of a separate *entity*, as plainly as Van Helmont did to his *Archeus*. It is scarcely necessary to say that I regard such an assumption as purely hypothetical, and better calculated to mislead than to enlighten the reader. But, aside from this, is there anything in the phenomena which accompany exposure to cold, which really indicate the existence of either an *increased* amount of blood, or of nervous energy in the internal organs of the body? Certainly there is not. so far as those phenomena are detailed to us by Drs. Wood, Williams and others who have written on the subject; or by those who have suffered in their own persons the effects of extreme cold. To study this subject intelligibly we must keep in mind the well known phenomena of congestion or accumulation of blood in the internal organs, that we may the more accurately compare such phenomena with those represented to arise from the effects of cold. By internal organs we usually meant those viscera which occupy the cavities of the cranium, the thorax and the abdomen.

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* Under this head I include what is generally called contagion.

†See Wood's Practice of Medicine, vol. 1. p. 142.

If the reader will turn to the accounts of congestion in the Brain, the Lungs, Heart, or abdominal viscera, given by any of the writers on Pathology or Practical medicine, he will readily perceive striking differences between the symptoms there detailed, and those resulting from the action of cold.

Simple congestion or accumulation of blood in the brain. for example, produces a sense of fulness, heaviness and vertigo; and if it be increased, these give place to stupor, coma. or paralysis, with fulness of the pulse and more or less laborious respiration. If *increased nervous energy* or irritation exist in the brain at the same time, we have in addition to the other symptoms, increased heat of the head, flushed face, fulness of the carotids, and delirium or spasmodic muscular action. or both. In searching the interesting accounts of the action of extreme cold, given us by Sir Joseph Banks. Dr Solander, Dr. Edward Daniel Clarke, and others, we shall find no mention of any of these symptoms. On the contrary the only appreciable change in the brain is a gradual impairment and final suspension of its action. Hence the first morbid feeling is that of want of power, the acts of the will are performed with difficulty; the individual feels conscious that thinking requires an effort. and there is nothing he so much desires as to suspend all thought. all effort of mind or body, and be allowed to sink, not into coma, convulsions, or paralysis, but a perfectly quiet sleep; during which the already feeble action should cease altogether. So different are these symptoms from those arising from accumulation of blood and nervous energy in the brain that hn Whiting very justly observes, "that it is hardly possible to determine whether they are the direct result of the action of the cold as a sedative on the brain, or whether they depend on *a want of the due supply of blood to that organ*, on account of the diminished action of the heart" It is true that Dr. Kellie has reported in the Edinburgh Medical Journal some cases of death after severe exposure to cold, in which he found more or less serous effusion in the brain; but in all these, death took place, not from the *direct* action of the cold, but sometime after both "heat and circulation had been restored."

If we examine the symptoms derived from the heart and lungs, we shall find still less real evidence of congestion or accumulated nervous energy during the action of the cold.

Pulmonary congestion is generally accompanied by two things manifested in a greater or less degree: first, dyspnœa, or at least imperfect inspiration, and imperfect decarbonization of the blood. But difficulty of breathing, or imperfect respiration, is nowhere mentioned as one of the phenomena observed during extreme cold, and so far from there being evidence of deficient decarbonization of the blood. various experiments go to show that blood remains arterial throughout the whole vascular system.

Thus Chossat found in animals. killed by cold, the blood of arterial color in both ventricles of the heart; and Sir Astley Cooper found that "on plunging kittens into ice cold water the arteria blood did not become venous in the veins."

In regard to the heart, Dr. Wood. himself says, that under the influence of cold it "acts by degrees more and more *feebly*;" which surely is not an evidence of the "accumulation of blood and nervous energy" in it. The latter would necessarily lead to increased action in the heart, calculated to expel the supposed increased quantity of he former; thereby exhibiting an unusual degree of cardiac impulse, instead of one progressingly more and more feeble. A writer in the Encyclopædia of Practical Medicine comes much nearer the truth when he says, "it is very probable that the sedative action of cold on the circulating system is to be ascribed to a *diminution* of the *irritability* of the muscular fibres of the heart and blood-vessels." Among the many cases recorded of death from the direct effects of cold, I have searched in vain for any evidence of internal congestions, derived from *post mortem* examinations. Indeed, from a careful examination of the subject, I have been led to conclusions entirely different from those commonly entertained and very fairly expressed in the quotations from Drs. Williams and Wood. The common opinion is based directly on the assumption that the quantity of blood is diminished in the surface and parts most exposed to the cold, and therefore must "*necessarily*" be *increased* in the parts within. The idea of "*intropulsive action*" is founded altogether on the supposition that the blood forsakes the surface—that its quantity is absolutely diminished in the exterior parts. But is this fundamental or primary proposition true? It is true that the application of cold condenses the tissues, thereby causing the vessels to be smaller, but it equally condenses the blood and fluids in them, rendering, as Dr. Williams says, the liquor sangwinis more viscid, causing the globules to "stick to the sides of the vessels or move but slowly," and consequently directly retarding the passage of the blood in the capillaries. At the same time that the blood is thus altered in its density and movement through the capillaries, the susceptibility of the tissues is diminished, and those organic movements by which new particles are added to the elementary structures and old ones removed, are retarded or entirely suspended.

This, of course, retards in an equal ratio the secretion, the production of animal heat, and the change from arterial to venous blood in the systemic capillaries. The inevitable consequence of all these changes would be, not an "*intropulsive movement*," by which the blood and nervous energy should accumulate within, but a direct and progressively increasing retardation of both circulation and organic change in the exterior or parts exposed to the cold; thereby allowing absolutely less blood to be returned to the heart in a given time; and what is returned has a diminished temperature, and less of the materials usually derived from the systemic capillaries—in other words, less venous in its color. The blood returned to the heart thus reduced in its temperature and quantity, fails to sustain the susceptibility and action of the heart, brain, &c.; thereby causing that *sedative* action, which, by long continuance or increase, results in entire suspension of action and

Such, I believe, is the true mode in which cold produces its effects on the human system. It condenses the blood and tissues, and diminishes the elementary susceptibility; thereby retarding organic and capillary action, the production of animal heat, and secretion, in the parts exposed; and causing the blood to return to the heart in less quantity, and at a lower temperature, by which the functions of the brain, the heart, and all the internal organs are enfeebled or suspended, according to the intensity and duration of the cold.

If the application of cold be of short duration and of only a moderate degree of intensity, the temporary condensation and diminished action only causes the retention in the part of sufficient blood and effete matter to prove gently irritant or excitant as the action of the cold ceases, and the tissues again relax. No sooner, however, has the cold ceased than this moderately irritant action induces an increased circulation and organic action, and thereby increased het and redness, and this constitutes the *reaction* from the effects of cold When the re-action thus induced is moderate, it soon disappears and the sensation of warmth, which accompanies it, is pleasant rather than otherwise. In persons with *lax* tissues and morbid susceptibility, these slight reactions from the temporary application of cold, repeated at suitable intervals, may be made to act as an efficient tonic. But if the application of cold be more protracted or intense, the altered density together with the stasis of blood and fluids, so alters and excites the tissues on the return of warmth, that the re-action constitutes inflammation. The latter may end in the formation of *chilblains*, in suppuration, or in gangrene.

It is the long continued influence of a moderate degree of cold which induces results of the most etiological importance. In such cases, the degree of cold is not sufficient to induce rapid changes, but its long continuance gradually lowers down the susceptibility of the tissues, and sooner or later, accumulates in them sufficient effete matter from the diminution of organic action and secretion to disturb the various functions of the body. Such disturbance, however, will always be of an asthenic or depressed character.

The *poor*, during the cold season of the year, not unfrequently suffer from this protracted influence of moderate cold, often determining in them the developement of fevers of a low grade.

Hence, Dr. Wood very justly remarks, that, "the long continued influence of a moderate degree of cold is apt to wear out the powers of reaction, especially when aided by want of food, and other sedative agencies. A state of the system is thus produced, highly favorable to typhous and scorbutic diseases; and when the individual may be attacked with another disease, even though inflammatory, it is apt to assume a low asthenic, or typhoid character.

I believe, also, that a strong predisposition may thus be developed to phthisis or scrofula, or an existing pre-disposition to these affections called into action."

It is not probable, that, under ordinary circumstances, the influence of the cold in depressing the properties and functions of the system, is of itself sufficient to give rise to the developement of fevers of an asthenic grade; in other words, it is not often a direct *exciting* cause; but acts rather as one of the most important *predisposing* influences. By retarding the organic changes and depressing the properties, it *determines the grade* of fever, on the occurrence of another exciting cause, without being sufficient of itself to develope the more active morbid phenomena. Thus, most of the wide-spread and fatal epidemics of *typhus*, have prevailed in the winter; and many of them in the midst of extraordinary cold ones.

It is during the same season of the year also, that this disease is apt to occur, and prevail with severity, in military camps, where large numbers are but imperfectly sheltered from the cold for several successive weeks. Under all circumstances, the injurious effects are greatly increased by the co-incidence of sufficient nourishment. This is not owing solely to the deficiency of nutritious material in the blood from the want of a proper supply, but partly also, to the fact that active digestion directly increases the production of animal heat in a noted degree. This is easily demonstrated by direct experiment, as shown by me in an essay read to the American Medical Association during its annual meeting in May, 1851.

SELECTIONS.

On the Remedial and Anæsthetic uses of intense cold. By JAMES ARNOTT, M.D., London.

Although the subjects of the remedial efficacy of congelation and local anæsthesia from cold have been for some years before the public, they are as yet but little understood and appreciated. This has resulted, partly from their having been imperfectly explained, in consequence of the publications respecting them being severally incomplete, and partly from the strength of the prejudice against extreme cold. Dr. Rowley, who, in his attack on cowpox, declared that the accounts which he had heard of the terrible effects of communicating the "cruel and beastly" disease were enough to "freeze the soul," was probably not more horror-stricken than some have been by the proposal to freeze the body; and the introducer of vaccination was hardly more abused than the proposer of congelation has been. It is in the hope that this prejudice may be thereby abated, and the subject rendered better understood, that the following brief statement is published. Even in France, where both the remedial and anæsthetic uses of intense cold have been turned to account for some time by M. Velpeau, and other leading practitioners, there is still much doubt about the best mode of applying the agent. In a paper in the Bulletin de Therapeutique, of the 15th ult., M. Richet, Surgeon of the Hospital Saint Antoine in Paris, reports thirteen operations in which local anæsthesia had been produced by the very imperfect means of the quick evaporation of ether.

As no remedy has been longer in use, and few are more valued than the local application of moderate degrees of cold, or a temperature ranging from that of dissolving ice to about 70 degrees of Fahrenheit, it may at first appear singular, that a greater or more powerful remedial effect should not have been sought by increasing the dose of the agent, or employing a lower temperature, in the same manner as we have sought and found much greater remedial benefit in many cases by using mercury, antimony, quinine, and other drugs, in larger doses than had been customary. The reason is that medical men were under a most erroneous impression respecting the effects of very low temperatures on the body. Because a temperature of zero stops the circulation, and because the vitality of a part has been lost by its *long-continued* congelation, whether caused by exposure to severe cold in winter, or by the incautious use of ice in hernia and other diseases, it was hastily and erroneously inferred that there was danger of loss of vitality from *short-continued* congelation. The mistake would not be greater to infer from the fact, because a long-continued stoppage of the circulation through a limb from an improper application of a bandage has occasioned gangrene, that it would be dangerous to use the tourniquet in operations.

The correction of this error will be deemed of no little importance when it is considered that in short-continued congelation, judiciously applied, we have an unfailing means of immediately arresting inflammation wherever it can be reached by the remedy; of not only giving speedy relief from pain in many diseases, but in consequence of the organic changes produced by it, of obviating the return of pain; and in malignant disease, of producing an amount of benefit much exceeding that yet accomplished by other means. Although much inferior in importance to these results, it is yet another great benefit conferred by intense cold, that the pain which would be otherwise caused by the greater number of surgical operations can be prevented by it with perfect safety; and not only can pain be prevented, but the inflammation proceeding from the surgeon's knife, that so often proves fatal, may also be obviated by the same means, and with almost equal certainty. It will be proper to consider the remedial and anæsthetic effects of intense cold separately; but before doing so, it is necessary to mention how this degree of cold is produced and applied, as well as to attempt an explanation of its mode of operation.

That degree of cold may be called intense which immediately benumbs the part to which it is applied, speedily stops the circulation through it, and congeals the adipose matter. I have usually produced these effects by placing what are termed frigorific mixtures either immediately in contact with the skin or mucuous membrane, by means of a net of thin guaze containing them, or by allowing them to act through thin bladders, or metallic vessels of appropriate form; but there are various other ways of effecting the same object, some of which are preferable for certain purposes. Substances passing rapidly from the solid to the fluid, or from the fluid to the æriform state, strongly abstract caloric from other bodies in contact with them; and substances, either solid fluid, or æriform, already sufficiently cooled by artificial means, may be placed in contact with the part; the first, as solid metallic balls of appropriate shape; the latter two, when forming strong currents. When cold is produced by the common frigorific mixture of ice and salt, and applied by means of a guaze bag or net, the following is a convenient mode of proceeding:—If the congelation is not to be extensive or long continued, a piece of ice of the size of a large orange will be sufficient. This is well pounded in a coarse cloth or bag, and the powder being placed upon a large sheet of paper, is thoroughly mixed, by means of a paper folder, with about half its weight of common salt. The mixture is then put into a net of about four inches diameter, and as soon as it begins to dissolve, it is ready to be applied. The net is not kept motionless on the part, but is frequently raised in order that fresh particles of the mixture may be brought in contact with the skin; and the water that escapes from it may be absorbed by a sponge, or allowed to fall into a basin placed underneath. If the surface to be acted upon is of small extent, a very thin and large copper spoon containing the mixture or a solid brass ball of about a pound weight, which has been immersed in ice and salt, will often answer and be a neater mode than the net.

The moment a guaze net, or a thin metallic vessel containing ice and salt, is applied to the skin, it is benumbed There is hardly a sensation of cold produced, and no tingling or smarting. If the contact of the frigorific be continued a few seconds longer, the surface becomes suddenly white, in consequence. doubtless, of the arrest of the circulation; and this change of color is attended with a slight smarting like that produced by mustard. There is now complete anæsthesia. which. if the frigorific be allowed to act, another change is produced—the adipose matter under the skin is congealed, and the part becomes hard as well as white. The depth to which the benumbing influence of cold will extend depends upon a variety of circumstances. as the degree of cold, the duration of the application, the vascularity of the part. whether pressure is used or the circulation is suspended. &c, &c. After the usual application of cold for anæsthesia, the circulation soon returns to the part, and the skin assumes a red color which lasts for several hours. If the congelation has been considerable. there is now some smarting felt, unless the natural heat be more gradually restored by pouring cold water on the part, or by placing on it a little pounded ice, or a bladder containing iced water. If the application has not exceeded the first stages. there is no smarting and no necessity, therefore, for such precautions.

The redness produced does not, as might at first sight be supposed, indicate an inflammatory condition, but the very reverse. The tonicity of the small arteries appears to be lessened or suspended for a time, and instead of being inflamed, the part is rendered unsusceptible of inflammation. Parts cut after congelation heal by adhesion or the first intention more quickly than they otherwise would: and. as has already been said, we possess in this expedient a certain and prompt remedy for every inflammation accessible to its complete influence.

I. *Remedial Uses of Intense Cold.*—The remedial qualities of intense cold may be described as antiphlogistic, anodyne or sedative, and specific; and it is useful in the diseases for which other remedies possessing these qualities have been employed, viz., in inflammatory, painful or irritative, and malignant diseases. The circumstance which limits its application in these, is the impossibility of extending its influence beyond a certain extent or depth, although it is certain from its effects in deep-seated disease, that this influence, whether it be direct or sympathetic, is more extensive than would at first be supposed. It may be laid down as a rule, that in every case in which the local application of moderate degrees of cold has been found of service, the use of well regulated congelation would prove much more useful; and in those diseases of similar character, in which moderate cold has not been employed from the idea that their seat was beyond its reach, congelation might be tried with reasonable hope of success. Intense cold has this immense advantage over other powerful remedies of the same class, that may be used with impunity—if it does no good it will do no harm. Who will venture to affirm this of bleeding, mercury, antimony, opium, chloroform, arsenic? Neither in my own practice, nor (so far as I can learn) in the practice of others, has there been any untoward result from the use of congelation. Its action being confined to the diseased part, and not uselessly expended on the rest of the system, affords the explanation. Other topical remedies have much the same character for safety, but what other expedient of this class has a tenth part of the power of intense cold?

Instead of enumerating the diseases in which this agent has been employed according to the above classification, I shall mention, first, those in which it has been more or less successful; and second, those in which it might, reasoning from analogy, be tried with hope of advantage. In administering intense cold as a remedy, the common or a more powerful frigorific has been generally applied directly to the part, or with the intervention only of the thin gauze containing it; and the duration of the congelation has been from one to ten minutes.

In the spring of the year 1849, I requested the house-surgeon of Brighton dispensary to apprise me of every case of acute lumbago that came under his notice, and in all of these amounting to nine, I employed congelation with perfect and permanent success. The net containing the ice and salt was passed to and fro for five minutes, over a surface of about eight by four inches, the skin being blanched during the whole of this period. In only two or three cases was it necessary to apply the remedy twice. Several of the patients rose immediately afterwards from their beds to which they had long been confined. In most cases of chronic rheumatism, the remedy has been equally successful; and this, on account of the frequency of the disease, is one of its most valuable applications. Sciatica has generally yielded to it, but by no means so easily. In acute rheumatism, the local inflammation of the joints is, by this means, invariably and completely relieved, and that portion of the accompanying fever thence arising, is consequently removed. The disease, thus treated, will run a painless course of about a week's duration. In no case, of about a dozen in which congelation was almost exclusively employed, was there extension of inflammation to the heart; and I am persuaded that the best plan of preventing this, is to subdue the inflammation of the joints from which it generally originates. I did not use the remedy in cases where the heart was already affected, though I have since learned that congelation is employed in the hospital at Vienna (where it was introduced some years ago by Dr. Waters of Chester,) as an application to the chest in rheumatic carditis. That this affection of the heart would occasionally occur during the treatment of acute rheumatism by congelation is very probable, because it often arises, as the same affection of the joint does, from a morbid condition of the blood over which the remedy can have no control; and that such an occurrence, in the present feeling on the subject, would be called metastassis from cold, is very certain; but I am convinced that it will yet be acknowledged, though probably after many years, that this affection would be much decreased in frequency by the adoption of any means capable of quickly subduing the accompanying arthritis. When it is considered what an immense amount of eventual mischief arises from the organic disease of the heart that occurs under the common modes of treating rheumatic fever, to say nothing of the patient's present sufferings and tedious confinement, it is to be lamented that prejudice should oppose any means of greater promise. In rheumatic gout, the relief has been as marked from congelation as in lumbago. In ordinary inflammation of the joints it has also been exceedingly useful. Ophthalmia has been immediately cured by keeping the frigorfic in contact with the gently closed eye-lid for three or four minutes. Glandular inflammation in the neck and groin, yield to a high degree of cold with equal facility. I have been told that in orchitis, its beneficial operation is immediate; and I have little doubt that, from its closeness to the surface, the urethral inflammation causing orchitis, would be quickly suppressed.

Congelation has often at once converted an irritable into an healing ulcer, though sometimes the patient has complained of the pain of the operation; it is probable that had the salt in the mixture been prevented coming in contact with the irritable surface, this would have been in a great degree prevented. Certain acute inflammatory affections of the skin are equally under its influence, as erysipelas, eczema, impetigo. It has not often failed in purigo, but in only one case of psoriasis has it appeared to be of service. Painful nodes are at once relieved by this means, and the inflammation subdued. I have only used congelation in carbuncle as an anæsthetic previously to cutting it, but it is probable (judging from its effects in severe boils) that the incisions might have been dispensed with. It has been mentioned to me that severe cold has been employed with the same view in whitlow, of which it is certainly a perfect cure. The inflammation following sprains, contusions and other similar injuries is perfectly under its influence; and the same may be said of burns. In one of my publications on the subject, I have related the excellent and speedy effect of congelation in a case meningitis, and also in a case of peritonitis; I have not had the opportunity of trying it in other affections of this description. Headache of various kinds has at once yielded to the application, for a minute, of a frigorific over the painful part; and in neuralgia affecting the side, it has generally proved efficacious. In neuralgia attacking the face and other parts, it has often succeeded and often failed. If the seat of the disease be deep in the brain, little can be hoped from this remedy, although there are few obstinate cases of neuralgia in which it does not deserve a trial. Toothache is generally at once relieved by it if properly applied; and there is no remedy for the painful affection of the mouth caused by mercury comparable to congelation. A spoonful of dissolving ice and salt is repeatedly put into the mouth, until it becomes benumbed. In one case of severe scurvy of the gums, where I feared a loss of the teeth, extensive congelation of the gums immediately arrested the disease.

In many of the diseases just enumérated, the promptness of the cure is as remarkable as its certainty. In military and hospital practice this advantage is very prominent.

In cancer the effects of congealation have been various. From my own experience, and that of others, I think that in early stages and when from its size the tumor can be thoroughly brought under the influence of the remedy, it will be cured by it. In all stages the progress of cancer will be arrested or retarded, and the pain accompanying it assuaged. The difficulty in advanced cases is to cause a sufficient degree of heat and cold to pervade the tumor.—The French translator of a recent paper of mine on the snbject (L'Union Medicale for May,) thinks that the frequent occurrence of cysts in cancerous tumors may facilitate this. But if layer after layer is acted upon, it may be enough. In cancer of the womb the frigorific is applied by way of a speculum, and one stronger than ice and common salt will generally be required. The opinion of Dr. Hughes Bennett respecting the nature of cancer have much influenced the mode in which I have used congelation in its treatment. M. Velpeau states in his recent elaborate work on diseases of the breast, that he has employed long-continued congelation as a substitute for caustic in cancer; but of this effect of the agent I have no knowledge.

There are other diseases in the treatment of which severe cold would probably be very useful. It might be applied with such a hope to the spine in tetanus, or to the scalp in certain varieties of mania. After gun-shot and other severe wounds, it would prove a powerful preventive and cure of inflammation. Even in pleuritis and other deep-seated inflammation of the chest, as well as in various uterine affections, benefit might rationally be expected from it. In two cases of epidemic cholera, I administered a succession of draughts of a temperature of about 25° Fahrenheit, with apparently excellent effect; and I cannot doubt that the application of cold to the interior of the stomach, which as appears by the recently published report of the College of Physicians, is the only treatment of cholera which has been unanimously approved of, has not been carried far enough. If the irritation of the mucous membrane be considerable (as it must be, to account for the exhausting and fatal discharges,) the temperature of ice merely is not sufficient to subdue it.

II. *Anæsthetic Uses of severe Cold.*—As patients now expect to have every operation performed without pain, both they and their surgeons will be glad to have an easy and agreeable means of accomplishing this, in all the common operations, unaccompanied with the dangers of chloroform. What can be less troublesome in opening an abscess, for instance, or making a cutaneous incision, than touching the skin for a moment with a brass ball that has been immersed for a few minutes in ice and salt, or a thin spoon filled with such a mixture? It is true, that in deep-seated operations such a means can only suspend the sensibility of the skin; but it is the incision of the skin which constitutes the most painful part of every operation and if this be benumbed, a smaller, and consequently less hazardous dose of ether or chloroform than has usually been administered, would be enough to remove the sensibility of the other tissues. These deep-seated operations, however, constitute a small minority, and if the list recorded deaths from etherization be referred to (now amounting to more than fifty) it will be found that in three-fourths of the number, complete anæsthesia might have been produced with perfect safety by cold.

M. Velpeau, who introduced anæsthesia from cold into France, has, in a lecture on the subject recently reported in the Gazette des Hospitaux, expressed the doubt, whether in some operations, the hardening of tissues might not prevent their being cut with ease. I have not found this to be the case, nor does he himself allude to this disadvantage, when, in his work on diseases of the breast, he mentions that he has excised tumors after anæsthesia from cold.

The fear of re-action I have already adverted to in in the prefatory observations. Instead of re-action by being produced, the anæsthetic is a preventive of inflammation from the wound; and were it used for this purpose alone, it would be invaluable.

Local anæsthesia from cold may, as has already been observed, be produced in a great variety of ways. Some of these may be applied so as to cause immediate congelation, but it is questionable whether the anæsthesia is not more extensive and lasting when more slowly caused. Such details, however, are unsuited to the general view of the subject intended by the present communication, which, I fear, has already exceeded its proper bounds.—*Edinburgh Monthly Jour. of Med. Science.*

Remarks upon the Use of Beverages in Sickness. By L. A. Dugas, M. D.

Without intending for a moment to undervalue the importance of a judicious selection of the more active remedial agents in the treatment of disease, the writer nevertheless feels persuaded that much of the success of these, very often depends upon the use of proper adjuvants. The signal advantages frequently derived from the opportune administration of an enema, a foot bath, cold effusion to the head, or even a cup of tea, broth or gruel, must have been obvious to every discerning practitioner. And yet it is only at the bedside that the young physician can derive much information upon the subject, as these matters of detail, cannot be or are not included in such works of general practice as are usually placed in their hands. Treatises and Lectures upon the general principles of Practice are unfortunately but little relished by students, while they read and listen with avidity to specific plans of treatment, and never fail to note down any *recipe* that may be proposed. The more violent, heroic and perturbating methods are, however, gradually giving way to milder and more judicious medication; and palliatives consequently increase in importance. The skill of the practitioner will be found to consist more in the relief of existing symptoms than in the prescription of special formulæ learnt by rote and aimed at a name.

The use of aqueous beverages, especially in acute affections, is now so common that it cannot be a matter of indifference whether the patient partake of the one or the other of the many varieties ordinarily resorted to. The belief that the water they contain is the sole agent of value in their administration is too exclusive, d prevails to too great a degree. By the ingestion of large quantities of water, and the great facility with which it is imbibed by the coats of the stomach and intestines, carried into the portal system, and from thence introduced into the general circulation, the blood is diluted and rendered less plastic, whilst the repletion of the vessels thus induced, gives increased activity to the emunctories—viz., the skin, lungs, and kidneys. The experiments of Magendie demonstrate very satisfactorily that the secretions are increased in a direct ratio with the repletion of the blood vessels, and vice versa; that absorption is promoted in proportion to the diminution of the circulating mass. While, therefore, in the treatment of acute diseases, which are generally inflammatory, copious beverages are usually found to be useful, by diminishing the plasticity of the blood, and promoting the elimination of noxious or effete principles, their propriety is very questionable when it becomes necessary to favor absorption, as is frequently the case in chronic engorgements, serous effusions, or other deposits. When venesection is practiced, the volume of blood abstracted is very soon replaced by water; whereas, by withholding such beverage, the partial vacuum of the vessels brings into them the circumjacent fluids with whatever disintegrated matters they may hold in solution. Thus it is that we may satisfactorily account for the agency of depletion and abstinence in the promotion of absorption. Yet it cannot be a matter of indifference whether the drink be acid or alkaline, stimulating or sedative, mucilaginous or acrid, laxative or astringent, nutricious or not. We resort daily to beverages which, in addition to the diluent property of water, unquestionably present or more of the peculiarites just referred to; and we should endeavor to select such as may be best adopted to each particular case. A brief enumeration of some of those in common use, and an appreciation of their peculiarities, may enable us to present our views more forcibly. They may be advantageously arranged under distinct heads, indicative of their most prominent properties.

DILUENTS.—Of all beverages, water, at the ordinary temperature of spring or well water, will be generally found the most agreeable, as well as the best, when the desired effect be simply to allay thirst or to dilute the blood. Indeed, the cravings of nature so strongly indicate the propriety of cold water as a beverage, in the fevers of our climate, that one cannot look back without a sense of horror upon the time when patients were pertinaceously denied this luxury notwithstanding their heart-rending entreaties; when they were compelled to linger through long attacks of sickness, with parched lips and cracked tongue, lest a sip of cold water might perchance disagree with the stomach, check the perspiration, or expose them to mercurial salivation! In no particular has modern practice displayed more good sense and humanity, unless it be in the abolition of chains and the lash in the treatment of insanity, than in allowing the sick the free use of cold drinks, especially in Southern fevers. A draught of good cold water will often act like a charm, quieting the stomach, and inducing copious excretions from the skin, kidneys and lungs.

The facility with which ice is now procured in most of our towns, has led to the very free use of iced water; and, however grateful and beneficial this may be in many cases, there are circumstances in which the propriety of its use is at least questionable. In irritability of the stomach, with or without phlogosis of this viscus, iced water very generally gives great relief; but in affections of the bowels, we think it decidedly objectionable. In both diarrhœa and dysentery, its bad effects are almost immediately marked by the supervention of pain and a desire to go to stool. It should also be avoided in all colicky affections, whether partaking of the nature of obstructions, of spasms or of flatulency. In bowel affections we always give the preference to warm or hot drinks. According to our bed-side observations, iced beverages should be also avoided in pulmonary diseases, and in affections of the head. We have frequently found them to induce paroxysms of coughing and dyspnœa, lung complaints, as well as pain and cerebral disturbance in affections of the brain, while tepid or warm drinks do not produce such effects. The rationale of such consequences is so evident as scarcely to need an explanation. The principle is here the same as that upon which we account for the injurious effects resulting from the exposure of one part of the body to cold when another part is predisposed to or actually suffering from inflammation. No one would think of plunging in iced water the feet of a patient laboring under affections of the bowels, thorax, or head; nor should the stomach be filled with iced water under such circumstances, although this organ may be benefitted by cold applications of the kind to its own surface when this is affected. The same remarks may be applied to acute affections of the skin, and old women are therefore not wrong in objecting to iced drinks in scarlatina, measles, and small-pox, however much they may err in insisting upon keeping the body excessively warm.

In the *cold* stage of our fevers, we think warm drinks preferrable to cold ones. They hasten the termination of the chill and bring on perspiration much sooner; and though they may be more apt to induce emesis, the very efforts to vomit materially determine the circulation to the surface, and consequently abridge the cold stage.

Demulcents.—Under this head we may place all the mucilaginous infusions, as those of Flaxseed, Slippery-elm bark, Prickly-pear Bene leaves, Gum arabic, &c. These are nothing more than diluents in combination with bland materials. They are regarded as especially appropriate in irritations, more or less intense, of the alimentary passages, of the respiratory organs, and of the urinary apparatus. Their use has been so long sanctioned by the profession, that it is not without some hesitation that we intimate a doubt as to their real value, or rather as to their superiority over mere diluents. It can hardly be presumed that the gummy or mucilaginous materials they contain, pass into the circulation unchanged, or without previously undergoing the digestive process. They cannot therefore be viewed as bland applications to any other than the surface of the digestive tube. Yet they are continually prescribed as though they were destined to reach unchanged, the mucous surfaces of the lungs and urinary organs. We must confess that we have ourselves been so much in the habit of prescribing infusions of Slippery-elm and Prickly-pear in affections of the kidneys, bladder and urethra, that we would dislike to abandon them, however much we may be led by theory to doubt their intrinsic efficacy and to attribute the relief to the water and other medicinal agents with which they are administered. We must also say that we have never perceived any advantage in the use of demulcents, as such, in pulmonary diseases,—and that we really consider the one in most common use (flaxseed tea) often injurious, in consequence of the rancidity of the seed usually obtained from the shops, and the indigestibility of the infusion when made very mucilaginous, to say nothing of the unpleasantness of the dose. The other demulcents can be so readily procured in a fresh state, and are so much more agreeable, that we see no good reason for the very general use made of flaxseed tea.

The *Aromatic* beverages are infusions of mint, balm, sage, catnip, sassafras, &c. Their chief merit consists in being generally palatable and therefore well receved by the stomach. In many instances they will relieve nausea, when this unpleasant symptom would be aggravated by demulcents. They are also decidedly antiseptic, preventing the evolution of gas by averting the tendency to fermentation, and improving the general tone of the digestive organs, without exerting injurious stimulation of the general system. They are particulary well adapted to typhoid fevers and diseases of similar character.

Catnip tea is a favorite prescription of mothers for crying babes, under the impression that the cries always indicate the existence of colic, and that catnip is a specific for this. It cannot be denied that the little creatures very frequently become quieted and go to sleep shortly after partaking freely of the well sweetened tea; but whether this effect is to be attributed to relief from colic, to some anodyne or soporific property of the tea, or simply to the fact that this operates as a substitue for the nourishment the child required, remains to be determined.

Sassafras tea is not unfrequently used in the South as a substitute for coffee or hyson tea, and is certainly more palatable than either of these, when as wretchedly prepared as they are in many families. Sassafras has been long supposed to possess alterative properties, and has therefore entered into the composition of most of the so-called Diet Drinks. As we do not, however, profess to understand the true meaning of the term alterative, as used technically, and that we consider Diet Drinks in common use, as mere tonics or restoratives of the general stamina, we presume that sassafras has a beneficial influence upon the digestive organs. And yet it is difficult to determine the origin of a prejudice which exists in the minds of many of our people against its habitual use in consequence of its supposed tendency to production of intermittent fever. This prejudice is so general in Georgia, that it is supposed to have contributed largely some years ago to the defeat of a candidate for the gubernatorial chair, who had in Congress urged an increase of the duty upon tea and coffee, adding that if the enhanced price of these articles proved onerous to some, they might drink sassafras tea. The good people proudly refused to vote for any man who was willing to see them all take the ague and fever, merely for the sake of filling the National Treasury! We believe the prejudice to be unfounded, but would like to know if any facts can be adduced in support of it.

ASTRINGENTS.—The only beverages in common use in disease which possess any astringency are the green and black teas, and the sage tea. This effect is, however, so slight as to be unimportant in general.

LAXATIVES.—We may class as such the infusions of Tamarinds, of dried apples. of dried peaches, of raistins, and of cream of tartar; to which may be added Saratoga waer. These are all more or less grateful, and remarkably well adapted to a large class of our diseases, in which the intestines are disposed to be torpid. Those possessed of acidity promote an abundant secretion of bile as well as of gastro-intestinal fluids; hence their common use in warm climates.

ACIDS.—Lemonade and orangeade are such general favorites in diseases of tropical climates, that they are in some of the West India islands, considered as the most important medication in all affections implicating the hepatic secretion. As an anti-bilious remedy, lemonade is held in an equally high esteem by the Creoles as calomel is by the English, and those who borrow their views. Lemonade besides being exceedingly grateful to the palate, is highly promotive of the mucuous, hepatic, renal and cutaneous secretions. The free flow of salivary fluids excited by its contact with the mucuous surface of the mouth and the orifices of the ducts that open upon it, will give some idea of its effect upon the gastro-intestinal surfaces and the glands whose ducts terminate in them. The capillary circulation of these mucous membranes and glandular structures must therefore be much relieved of congestion, if any exist. But besides this local action, lemonade doubtless penetrates the general circulation by imbibition, and is carried to the kidneys and skin, whose secretions it manifestly increases. If the fluids of the system are alkaline, this is changed, and they become acid by the free use of this beverage. Producing such decided local and general effects, it would seem more proper to class lemonade among the potent agents of the materia medica, than among the mere adjuvants. We feel satisfied that the therapeutic value of lemonade, in the treatment of our fevers, from the simple intermittent to the dreaded yellow fever, has not been fully appreciated by those who indite most of the books upon our shelves—the Brittish, and our Northern brethern.

ANTACIDS.—There are states of the system in which Antacids may be eminently useful, especially if taken largely diluted or in the form of beverages. The officinal lime water, or small quantities of bicarbonate of soda, or of carbonate of pota s, may be thus used with plain water. The well water of blue limestone districts is sometimes of great advantage to dyspeptics. A very common error prevails with the non-professional public, who believe that soda enters into the composition of the beverage vended in our cities under the name of "Soda Water," which is nothing but water strongly impregnated with carbonic acid gas, and without any alkaline properties. The name of Soda Water had its origin in the fact that the carbonic acid gas was formerly obtained for the purpose by the action of acids upon the carbonate of soda, whereas it is now usually derived from marble or some other carbonate of lime. By the addition, however, of a little bi-carbonate of soda to this aerated water, a very pleasant and useful antacid beverage may be made.

SEDATIVES.—During the prevalence of the Broussaisian doctrine, which regarded nearly all diseases as abnormal irritations or inflammations, sedatives were eagerly sought after, in the vain hope that they would prove to be of general applicability. The distinguished French reformer, however, refused to acknowledge as such any other articles than Prussic acid and Asparagine. We may, perhaps, then be excused for placing under the head of sedatives the infusions of the leaves of the Orange tree, the Lemon tree, and the Peach tree, all of which we believe to contain more or less Prussic acid. Be this as it may, there is no doubt that they are exceedingly valuable beverages in our autumnal fevers. The orange-leaf tea is remarkably palatable to most persons, and in addition to being a good diluent, diaphoretic and diuretic, has a soothing effect that can scarcely be appreciated by one who has not realized it in his own person. To secure its full influence, it should be taken freely when hot, and just made (by pouring boiling water upon the fresh leaves,) for it very soon deteriorates and becomes insipid. In the nervous affections of females, and especially in nervous head-aches, it often acts like a charm. The French make great use of the distilled orange flower water, a tea-sponful of which they add to a glass of sweetened water;—but we think the orange-leaf tea equally valuable, and this is within the reach of every one who has a garden, as the orange tree grows finely in this region of country, and with less trouble than is required to keep the usual supply of balm, sage, &c.

The infusion of Peach tree leaves is peculiarly useful in cases of irritable stomach, whether occuring in our fevers or after a debauch. In such cases, however, it should be made strong and given in small quantities at a time; say a table-spoonful or two, frequently repeated. In cases of hooping-cough, if given freely three or four times a day, it tends materially to lesson the violence of the paroxysms and the duration of the disease. We took occasion many years ago to allude to this use of it, and to recommend it in plantation practice as safe and valuable.

The last class of beverages to which we shall allude, comprehends those in which NUTRITIOUS elements are added to the diluent. The most common are water holding in solution Gum Arabic, Sugar, and the various syrups and teas made of toasted bread, rice, barley, &c. The value and applicability of these beverages are so evident, that we mention them merely for the purpose of completing the subject. Indeed we have extended our remarks so much more than we had intended when the theme first presented itself to our mind, that we now entertain serious apprehensions that the reader will be poorly repaid for the trouble of perusing them. We would accordingly withhold them from our pages, were it not that we still feel that the subject is one entitled to more attention than it has heretofore received, and that the imperfections of this hasty paper may induce others to do better.—*Southern Med. and Surg. Journal.*

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Medicine a State Institution in Spain.

The Gazette publishes a Royal Decree to the following effect:

"Art. 1. Every town and locality in the kingdom are in future to be provided with physicians, surgeons and apothecaries, whose duty it will be to dispense medical aid to the indigent classes, and any other persons who may require their attendance.

" Art. 2. The existence of these physicians shall not prevent the free exercise of the medical profession in the same localities.

" Art. 3. The authorities will maintain in the free exercise of their profession, the persons who have been legally accredited, in virtue of the present decree, and other ordinances in force.

" Art. 4. The physicians, indepéndently of their attendance on the sick, will have to take charge of foundlings, to decide whether substitutes are fit for the military service, and to visit sick soldiers passing through their districts. They are not to absent themselves from the town in which they practice during more than twenty-four hours without the permission of the Alcalde, and for a longer period without providing a substitute. Their salary is to be proportioned to the population of the district, the wealth of its inhabitants, and other local circumstances. They will be entitled to a pension after practising thirty years in the same district.".—*London Times.*

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Analysis of Black Vomit in Yellow Fever.

1. When black vomit is filtered, the colouring matter remains upon the filter, and the filtered fluid is colorless.

2. The specific gravity of the filtered fluid varies from 102 to 103.

3. The filtered fluid always reddens litmus.

4. Nitrate of silver when added to tho filtered fluid form a large quantity of white precipitate, which is insoluble in nitric acid, but soluble in ammonia; hence the fluid contains hydro-chloric acid.

5. Lime water, kali nitricum. and the other alkalies, form no other precipitate with the fluid, either when submitted to cold or heat.

6. A solution of the bi-chloride hidrarg. produces no apparent reaction with this filtered fluid.

7. Muriate and nitrate of baryta each prduces a slight turbulence when added to the filtered fluid.

8. Acetate of lead added to the filtered fluid causes a white flocky precipitate, which is insoluble in water, but soluble in acetic acid; hence mucous exists in the fluid.

9. A precipitate is formed by nitrate of silver in solution being added to the filtered fluid. If kali purum be added to this mixture, it deprives it of all acid; and then, afterwards, if sulphuric acid be added to this, a slight effervescence will ensue. Hence, we infer the existence of carbonic acid gas in the fluid.

Coloring Matter of Black Vomit.

1. It presents the appearance to the naked eye of blood globules which have been separated by chemical means from the blood.

2. When dried by artificial heat or the atmosphere, it resembles hemastosine procured from man's blood.

Microscopic Analysis.

A homogeneous fluid that contains—1. Blood globules entire. 2. Fragments of globules. 3 Mucus. 4. Epithelial cells. 5. Amorphus matter. 6. Granules sometimes. 7. Fat globules. 8. Torulæ and spores.—*New Orleans News & Hospital Gazette*, Sept. 1854.

BOOK NOTICES.

Experimental Researches, illustrative of the Functional Oneness, Unity, and Diffusion of Nervous Action; in opposition to the Anatomical Assumption, of four sets of nerves, and a fourfold set of functions, and transmitted impressions; with a brief exposition of the Philosophy of Vivisection, and of Sensation. By BENNET DOWLER, M. D., of New Orleans.

The above is the title to a pamphlet of 66 pages, republished from the New Orleans Medical and Surgical *Journal;* and though recently received by us, it bears date in 1851. The nature and objects of the essay are sufficiently indicated by its title. It contains several of Dr. Dowler's well known experiments on the alligator, accompanied by criticisms on the generally received doctrines in relations to the functions of the nervous system.

We have read this paper carefully for the purpose of ascertaining what the real sentiments of the author are, and how far these sentiments are legitimate deductions from his experiments. We say that we have read the paper carefully, because there is in it a certain kind of vagueness and want of arrangement, which makes obscure the meaning of the author, and very much diminishes the satisfaction derived from a perusal of his work. He strikes boldly at existing opinions, and by his experiments produces results well calculated to shake our confidence in many things which have been regarded as settled physiological truths, and yet he fails to afford us a foundation for anything more satisfactory in their place. By his experiments on the alligator, he has shown conclusively enough that, after decapitation, and even after destruction of both brain and a large part of the spinal cord, the headless trunk and limbs are capable of making co-ordinate and intelligent movements.

From these experiments he is led to deny, first: That there is any such quadruple division of the nervous system, either anatomically or physiologically, as claimed by Sir Charles Bell and Marshall Hall. He denies the existence of sufficient facts to show that there are distinct nerve filaments for ordinary sensation and motion, and involuntary sensation with reflex motion; but claims the unity or oneness, in function, of the whole cerebro spinal nervous matter.

Second: He denies the doctrine of a central or common sensorium, to which all impressions are transmitted to be recognized; claiming that it is *diffused* throughout the whole nervous system; and consequently that the nervous cords are not transmitting in their function but directly sensuous in every part where impressions are made. Hence he says:

" The doctrine of an exclusive sensorium—one restricted wholly to a spot in the brain, contradicts not only the universal intuition or experience of mankind, but is self contradictory; for sensation can have no existence in time and space, only so far as it is *felt;* it exists only at the time when, and the place where, it is cognized. At all other times and places it has no existence whatever. The pain of a whitlow is felt in the finger, and not in the optic thalami or crus cerebri."

Again he says, " the doctrine of a diffused sensorium, is an intuitive conviction; based on consciousness, at least it is such, with all not educated in a different belief."

And again: "The rejection of a *diffused sensorium*, and the general admission of one exclusively central, are, probably, in a considerable degree owing to the psychological, or rather the theoretical difficulties with which education has environed these views, in assuming them to be incompatible with the supposed oneness of life, personal identity, the union of volition and sensation."

In contending that the nerves are not mere conducting cords, but possessed of perceptive or cognate qualities, Dr. Dowler uses the following language, viz.:

" Physiologists who reduce the nerves to the condition of mere conductors to and from a central, yet unknown, unconscious spot, called the sensorium, in some unrevealed part of the brain, ought not to regard themselves as honoring the nervous system, any more than those who are willing to allow these supposed conductors a *share of sensational cognition.*" * * * " Sensation is not produced by the intermediary agents called transmitted impressions or ideas, but is an intuitively felt relation, between the *Me* and the not *Me*." * * * * * "When an object is touched, the result is a felt relation directly between the subject and object, *not* between the subject and a *mere representation* of the object."

These extracts are sufficient to show the correctness of the two propositions already given as embodying the peculiar sentiments of the author. To sustain these views, he adduces his experiments on the Alligator, already alluded to; the fact that some of the lowest species of animals may be cut into many pieces, and each piece not only retain its vitality but increase in bulk, and exercise all the functions of the whole animal; the fact that under certain circumstances muscular contractions may be induced several hours after death; and finally that persons with extensive injuries of the brain and acephalous fetuses have given proof of both perception and intelligent movements. It may be well briefly to examine these several classes of facts and see how far they warrant the conclusions of the author. That several of the lower species of animals possess only the most simple or rudimentary form of a nervous system, without any central organ or cephalic ganglia, is a well known fact. And it is doubtless true that in such, each portion of the nervous matter is independent of the rest, and equally independent of any common sensorium. But it is equally true, that some of these animals have no central or special organs of respiration, circulation, or digestion—no lungs, no heart, and no stomach; but each part of their organization imbibes its own air and nutriment and performs its own excretion. Hence each part is capable of an independent life, and when separated from the rest will often retain its vitality and continue its growth. But to allege the apparent independent vitality of each part of these primitive types of the animal kingdom, as evidence of a "diffused sensorium" in the higher classes or in man, would be just as absurd as to allege the same fact in proof that man had a "diffused" digestion or respiration.

The facts in reference to the organizations are not analagous, and consequently do not admit of an analogical deduction.

To invalidate the inferences drawn from experiments, by which muscular contractions have been found to follow pinching or irritation of the anterior roots of the spinal nerves; and by which the filaments composing these have been considered as the peculiar nerves of *motion*, Dr. Dowler adduces the results of many experiments to show that muscular contraction is equally produced, and even in a much greater degree, by blows on the muscles after death, or after separation from the body as in amputated limbs, and sometimes spontaneously after death from certain diseases like cholera. Granting both the correctness and the physiological importance of these experiments and observations, still they have no bearing on the question raised by the author. Had he wished to illustrate the truth of the old Hallerian doctrine, that the muscles contain an inherent property of irritability or contractility, independent of the nervous system, his experiments by which contractions were induced by blows, electricity, &c., after the functions of the brain and nervous system had ceased, would have been directly and highly appropriate. But in the application of the facts made by him, he has confounded *contractibility itself* with the *excitors* of contractions; two things essentially distinct. The muscular structure doubtless contains an inherent property of contractibility; and while it retains this it is capable of contracting on the application of a certain stimulus or excitor, no matter what may be the condition of the nervous system. Hence if blows or galvanic currents, &c., induce contractions, it simply proves that these agencies may, under certain circumstances, become *excitors* of muscular contraction; but it by no means proves that such agencies are the *usual* excitors, and much less that other agents may not act as much more *efficient excitors*, by exerting an influence through the nervous cords distributed on the muscles. On the contrary Dr. Dowler's own experiments on the alligator demonstrate, many times, the power of exciting muscular contractions by impressions transmitted through the nervous cords.—— All that can be legitimately claimed, then, is that impressions through the nervous cords are not the *only* excitors of muscular contractions; but that they are the *usual normal* excitors, is in no wise disproved by anything in the essay before us. Again, in his anxiety to establish the doctrine, that the nervous cords are not merely *transmitting* in their function, but themselves the veritable seat of perception or "sensational cognition," Dr, Dowler quotes as the opinion of Sir Charles Bell, the statement that "loss of power in consequence of tying a nerve, was not owing to compression of the tubes of the nerve, but to the obstruction of blood vessels." And after alluding to the complete insensibility produced by the stagnation of blood in the capillaries, he gravely asserts that, "these facts show, that the non-circulation of the blood, produces a less of motion and sensation, rivaling in instantaneousness and completeness the division of the nerves, which latter operation constitutes the *experimentum crucis* of neurological dynamists." Here again, the author is right in his facts, but wrong in the inference he would have the reader draw from them. He seems not to remember that three distinct things are essential to the action of a nerve of ordinary sensation, viz: susceptibility in the nerve itself, continuity of its fibres, and an object to make an impression. The first may be suspended or destroyed by the direct application of chloroform, or hydrocianic and carbonic acids, or by cutting off entirely the supply of arterial blood; and while the susceptibility thus remains suspended no action can be excited in the nerve. This, however, furnishes not the slightest proof that the nerve, in its normal state, is not transmitting or conducting in its function. But if we leave the supply of blood to the nerve unobstructed and the susceptibility of its distal or peripheral extremity unimpaired, and find by interrupting the continuity of its fibres in a distant part of their course, that its action is entirely suspended and all sensation through it cut off, it does furnish proof, positive and clear, that the nervous cord is a medium of communication between the surface and some central point within. So far from proving that the nervous cords are not *conductors* of impressions, or that sensational cognition takes place in the extremity of the nerve where the impression is made, all the facts adduced by Dr Dowler simply show that the action of a nerve may be suspended by suspending its elementary susceptibility; a fact long well known to every enlightened physiologist. But our comments are extending too far and we must hasten them to a termination.—

Dr. Dowler's experiments on the alligator have clearly demonstrated that it is one of those cold-blooded animals which possess great tenacity of life; that the several parts of its nervous system are apparently more independent of each other, and retain their susceptibility longer after mutilation than any of the higher orders of warm-blooded animals; but we think they fall far short of establishing the proposition that, in man or any of the higher orders of animals the "*sensorium is diffused*" throughout the nervous system, or that "sensational cognition" actually takes place at the peripheral extremity of the nerve without transmission to the brain or the nervous centres. The brief criticisms in which we have indulged, have not been intended to disparage the interest or value of Dr. Dowler's experimental and physiological researches. The latter have given him a deservedly high reputation in the scientific world, and we hope he may live to make many more additions to the sum of human knowledge as well as to the reputation of the profession to which he belongs. We believe there is much yet to be learned in relation to the functions of the nervous system. That the doctrines of Marshall Hall and his followers are unnecessarily complex and unsupported by facts, we are well assured. We recorded our decided dissent from his views, in an article published in the transactions of the Medical Society of the State of New York, so long ago as 1842; and all our subsequent observations have only confirmed the views then expressed. D.

MEDICAL NEWS.

Hendricks County Medical Society, Indiana.

This Society was organized by a called meeting of the Physicians of the County and vicinity, held at Danville, Hendricks Co., Indiana, April 29th 1854. The following are the officers for the year ending April 1855.

resident—Henry G. Todd, M D., of Danville.
ice President - Wilson Lockhart M.D., of Plainfield.
ecretary—J. Joel Wright, M.D., of Monrovia, Morgan Co.
sponding Secretary—Dr. L. Howard Kennedy, of Belle-

Treasurer—Henry Cox M.D., of Danville.

Censors { Dr. Thomas B Harvey. of Plainfield.
" { Dr. Bradley Bartholemew, of Danville.
" { Henry H. Moore, M.D., of Brownsbury.

The *Constitution* of the Society provides. for the election of the foregoing officers by ballot annually—It provides, that, any regular and reputable practitioner of medicine may become a member: it provides, that, any distinguished literary gentleman may become an honorary member: it provides for the formation of a library, and a cabinet of specimens. The *By-Laws* provide. that the regular meetings of the society shall be held on the *third Tuesday* of the months of *January*, *April*, *July* and *October*, of each year; the April meeting being the annual meeting: they provide that, the President shall appoint at every meeting at least one person to write and deliver a dissertation at the next; they provide that every member shall have the privilege of reporting at any regular meeting, such cases (that have come under his own observation) as he may deem important: they provide that each member shall keep a faithful record of each important case of which he treats, and present the same to the society at the first stated meeting in each year, &c., &c.

MEMBERS

Henry G Todd,
Henry H. Moore,
Thomas P. Sel'er,
Risdon C Moore,
Leroy H Kennedy,
Thomas B. Harvey,
J. A Cominger,
D. Hutchinson,
A. M. Reagon,
Wilson Lockhart,
Henry Cox,
B. Bartholomew,
J. Joel Wright,
D J. Depew,
David Todd.
W. Foster Harvey,
Wm. Matthews,
J. L. Green.

Extract from the proceedings of the 4th regular meeting:

BELLEVILLE, 10th Month (Oct.) 17th. 1854.

At 11 o'clock A. M. the Society met at Masonic Hall. The minutes of the preceding meeting were read and approved. On motion of Dr. Wright the order requiring the dissertations to be read in the forenoon session. was suspended. Then adjourned until 1 o'clock P. M.

AFTERNOON SESSION.

At 1 o'clock P. M, the members convened. Members present:

Drs. H. G. Todd, Bartholomew, Lockhart, Cominger, Matthews, T. B. Harvey, Cox, Kennedy, and Wright.

A Dissertation was read by Wm. Matthews M.D., on "The Varieties and Complications of the Typhoid Fever of the Interior of Indiana."

A protracted and highly interesting debate was then had, upon the subject of "Typhoid Fever," in which most of the members participated.

On motion of Dr. Cominger the discussion was brought to a close, and the Society proceeded to other business.

Dr. Kennedy, on behalf of the committee on Publication, submitted the following report—*i e.*

We the committee on Publication of Constitution, By-Laws &c., have furnished the Society with two hundred copies of the same, for which we agreed to pay twenty-three dollars—three dollars more than we were authorized by the Society, we ask the society to pay the *extra* three dollars,

L. H. Kennedy,
H. Cox, } Committee.
J. J Wright,

Ordered that the treasurer pay 23 dollars to the committee on publication, to defray the expenses of printing two hundred copies of the Constitution, By-Laws, &c.

The censors presented in due form the name of David Hutchison, M.D., as an applicant for membership, recommending his election.

He was elected accordingly.

It was voted that 6 copies of the Constitution, By-Laws, &c., be presented to each member of the Society, in addition to those they had already received.

The President appointed David Hutchison M. D., to read a Dissertation at the next meeting.

Dr. R. C. Moore not being present, on motion he was requested to read his Dissertation at the next meeting.

hen adjourned to meet at Plainfield, at the regular time in se.

HENRY G. TODD, M. D., Pres.
J. JOEL TODD, M. D., Sec.

EDITORIAL.

Credit to whom Credit is due.

"Render to Cæsar the things that are Cæsar's," was a reply that puzzled the wise men of Judea not a little; and it was brought forcibly to my mind while reading the little volume entitled, Bernard and Robin on the Blood, by Dr. Walter F Atlee, which was noticed in the December number of the Journal by my editorial colleague, Dr. Johnson. Whether it is the fault of M. Bernard or of his reporter, I do not know, but it is certain that one not well versed in medical literature would get the impression, from reading this book, that very little had been done in the way of investigating the composition of the blood and it changes, outside of Paris. Some facts are stated as though they had only recently been brought to light by M. Bernard, which have been known to the profession for many years; and both the distinguished French savan and his reporter, Atlee seem to be entirely ignorant of some things which have been done on this side of the Atlantic. For instance in speaking of the blood in the renal vein, compared with that in the arteries, the book before us says: "this blood," (from the renal vein) " as Simon has shown, and he alone has made an analysis, comparing it with the arterial, contains no fibrine. ** * * There is less water in the vein, for the urine carries it off, and the solid matters are in a greater proportion, because there is less water. If the fibrine be added to the albumen in the arterial blood, it equals the albumen in the venous, as if the fibrine had been transformed into it." And again: " The albumen *augments in the renal* venous blood, and M. Bernard is disposed to believe that it is owing to a transformation of the fibrine; for looking at the ciphers in the tables, we see that it is just what is wanted to compensate for the difference in the albumen."

Now, these brief extracts contain no less than *three* important errors viz: 1st, Simon is not the *only* man who has made an analysis of renal venous blood. 2nd, It is not true that in all instances renal venous blood contains *no* fibrine. 3d, The amount of Albumen is not always *positively augmented*; nor augmented in strict proportion to the loss of fibrine. If Dr. Atlee will turn to a paper read by me before the American Medical Association, at Charleston in May, 1851, entitled "An Experimental Inquiry concerning some points in the Vital Processes of Assimilation and Nutrition;" he will find among other things, the following quotation, viz:

"There have been numerous analyses of venous blood in comparison with arterial, but without any reference to the particular parts from which the venous blood had been returned. The one exception to which allusion was just made, was by Simon, who procured the blood from the renal veins, the hepatic veins, and the aorta of a horse, and subjected each specimen to careful analysis, particularly in reference to the quantity of *fibrine* contained. The results are given on page 139 of his work on the Chemistry of Man, and are as follows, viz.:

	Renal Vein.	Hepatic Vein.	Aorta.
Water,	778,000	725,000	790,000
Albumen,	99,230	180,000	90,300
Fibrine,	000	2,500	8,200
Whole solid matter,	222,000	275,000	210,00

This presents truly a striking result; the blood returning from two of the largest secreting organs in the body is found to contain far less *fibrine* and *water*, and more *albumen* than that from the aorta. But there are two circumstances which render this analysis unsatisfactory. First, the horse from which the blood was taken, was not healthy, and was in a *starved* condition. Second, the quantity of blood obtained by Simon from the renal veins, was insufficient to determine accurately the proportion of fibrine, being only 50 grs. To obviate these objections, and at the same time add another important element to the comparison, I procured a large, healthy and active dog, and procured some blood from the renal vein, the illiac vein, and the illiac artery, in the following manner. The dog was stunned by a blow on his head, the abdomen quickly laid open, and a ligature passed around the renal vein near its entrance into the ascending cava, when on puncturing the vein 590 grains of blood flowed readily into a clean cupping glass. A ligature was next passed around the illiac vein, and on puncturing it, 771 grains of blood were collected in another cup. The illiac artery, being now easy of access, was punctured and the blood in a full pulsating stream, and received into a third cup, to the amount of I816 grains. * * * *

All these specimens of blood were most carefully analyzed, following the method recommended and so long practised by Andral and Gavarret, with the exception of the mode of separating the fibrine. For accomplishing this most accurately, I fully agree with Mr. Bence Jones, preferring to allow the blood to coagulate perfectly, and then enclose the whole clot in a clean, fine linen cloth, and wash it with distilled water until the red corpuscles are entirely removed. The results in tabular form are as follows, viz:

	Blood from the Iliac Artery in 1000 parts.	Blood from the Iliac Vein in 1000 parts.	Blood from the Renal Vein in 1000 parts.
Water,	812 20	811,40	802,40
Solid Matter,	187,80	188.60	196.60
Of which was fibrine,	2,20	2,50	1,70
Extractive Matter and Albumen,	98 10	89 50	98 50
Red Corpuscles.	82.50	92 70	92,20
Salts,	5,00	3,90	4,20

From this extract, which together with the whole paper, was published in the North Western Medical and Surgical *Journal* for September, 1851, it will be seen that the blood of the renal vein *was analyzed* by me *five* years since; that the blood so analyzed *did* contain *fibrine*, though in a much smaller proportion than the arterial blood of the same animal; and finally that the albumen in the blood of the renal vein, instead of being increased in proportion to the diminution of fibrine, is not positively increased at all.

Its slight *apparent* increase being less than it should be from the diminished proportion of water. It is not at all strange that M.

Bernard, should be ignorant of the paper containing the foregoing analyzes; but the *representatives* of our profession abroad should be well informed in regard to the state of medical investigations at home: and especially should this be the case with such as take it upon themselves to publish books after they return home. The largest portion of the paper read by me to the American Medical Association in 1851, was occupied with the results of a somewhat extensive series of experiments in relation to the influence of diet and drinks on the functions of respiration and calorification. Some of these results I find are not in consonance with the views of M. Bernard.

For instance he alledges that the temperature of the body is the highest at the *end* of the active period of digestion, that is, about six hours after taking food. I made numerous experiments in reference to this point, and have always found the highest temperature *during* the most active period of digestion, instead of at the end of that process. In the paper alluded to, the results of some of these experiments are given as follows, viz: "The observations were repeated six times each day, at 7½ o'clock A. M., half an hour before taking food; at 10½ A M., two and a half hours after breakfast; at 12½ P.M., immediately before dinner; at 3½ P.M., two and a half hours after dinner; at 5½ P.M., half an hour before tea; and at 8 P.M., two hours after tea. The following is the average result of 16 days' observations under the influence of an ordinary mixed diet, viz:

	7½ o'clock, A.M.	10½ A.M.	12½ P.M.	3½ P.M.	5½ P.M.	8 P.M.
Av. Temperature.	94° F.	96° F	95° 2 F.	96° 7 F	95° 2 F	96° F.
Highest.	94° 5 F.	97° 3 F	96° F.	97 2 F.	95° 5 F	96° F.
Lowest,	93° 7 F.	96° 6 F.	94° F.	96° 3 F.	95° F	96° F.

From this table the inference is plain that the temperature of the body is uniformly from one to two degrees higher during the active stage of digestion, that is, about *two* hours after eating, than after the digestive process is fully completed.

Similar experiments were made in reference to the temperature of the system under the influence of a diet exclusively corbonaceous, and under that of a diet wholly nitrogenous; the results of h are given in the paper, and correspond closely with the above so far as relates to the influence of digestion. I am aware that the paper to which I have alluded as having been read to the American Medical Association in 1851, attracted very little attention, and after its publication, I do not know that it was either copied or commented on by any of the medical journals in the country. And though the experiments, observations and analyses, detailed in it, cost me much tedious labor and time, yet I might have persuaded myself that the results were really of no importance, had it not been that similar experiments and observations have been made and published in European journals from time to time since, and these have invariably been copied and sent the round of American journals as though they possessed much interest.

This fact seemed to justify me in again calling attention to my own work. It has been frequently alleged as a defect in American Medical Literature, that it contained so little matter of original experimental character.

And probably the best mode of supplying the defect, would be to render full and prompt credit to such individuals as do attempt investigations of this character; for there are few things more discouraging, than to spend much time and labor on experimental inquiries and see the results entirely neglected or overlooked until some European savan takes up the same subject, perhaps spends less than half the time, and announces results very similar, which are caught up with avidity and copied into every journal in the Union. D.

◆

Sugar-house Remedy for Consumption.

Some time since a story passed the rounds of the newspaper press, setting forth that Samuel A. Cartwright, M. D., of New Orleans, had discovered the important fact, that the inhalation of the vapor from the boiling cane-juice in sugar-houses was capable of curing *consumption.* Such a representation purporting to come from an eminent member of the profession, was sufficient to induce a considerable number of sufferers, some of them in the last stages of *Tubercular Phthisis,* to resort to these establishments with a hope of relief. Of course the greater number were entirely disappointed. In a recent number of the Boston Medical and Surgical *Journal*, Dr. Cartwright publishes an article, headed "The sugar-house cure for bronchial, dyspeptic and consumptive complaints;" in which he says: "The author has never recommended the sugar-house remedy as a cure for consumption *in its last and hopeless stages*;" but newspaper misrepresentations and incorrect abridgements, altering the sense more or less of what he did say, have done it for him, and will assuredly bring the sugar-house cure for bronchial. dyspeptic and consumptive complaints into disrepute unless timely corrected. The precise limit of the efficacy of the inhalation of the vapor of boiling cane-juice, in opening the obstructed bronchial tubes and in influencing favorably, their mucous lining, is not yet ascertained; but that it possesses some remarkable virtues in this respect, there is much good evidence to prove."

From the whole tenor of the article before us, we infer that Dr. Cartwright intends to claim for the sugar-house vapor, curative powers only in cases of chronic bronchitis, certain forms of dyspepsia, and the *incipient* stages of *tubercular phthisis*; and not that it has any control over the progress of *tubercular carities* and ulcerations, constituting the advanced stage of true consumption. But he is far from being very explicit in defining what class of cases would be most certainly benefitted by a resort to the proposed remedy. The subject is worthy of a careful investigation by those members of the profession who have abundant opportunities.

D.

◆

Pumpkin Seeds for Tape Worm.

A sufficient number of cases have been reported to show that the emulsion made of Pumpkin seeds possesses some real efficacy as a remedy for the expulsion of *tape-worm*. The usual mode of using it, is to remove the rind from the seeds, bruise the latter in a mortar, and infuse them in water, in the proportion of two ounces of the seeds to half a pint of water. After standing a few hours the ' ⁿle assumes the form of an emulsion or thick mucilage. The whole of this should be taken by an adult, in the morning fasting; and in two or three hours after, sufficient castor oil should be given to move the bowels freely. If this does not cause expulsion of the worm, repeat the same the following morning.

◆

Honors Properly Bestowed.

It is well known that during the latter part of the past summer, the city of Savannah, Ga., was terribly scourged by yellow fever. When the epidemic was at its height, several of the resident physicians fell victims to it, and to supply their places others left their homes and volunteered their services. Among these were Drs. Hamilton and Redwood, of Mobile, and Dr. Cross. of New Orleans. Recently a meeting was held over which the Mayor presided, and each of the gentlemen named was presented with a service of plate as a token of gratitude on the part of the citizens. At the same meeting resolutions were adopted commending the conduct of the resident physicians generally, and proposing to erect a monument to the memory of those who had fallen during the epidemic.

◆

Acne.—For the cure of these troublesome and unseemly pimples which so often appear on the face, Cazenave has recently recommended the application of a solution of some of the Ammoniacal salts. The hydrochlorate or acetate may be used. He supposes the Ammonia to be capable of so acting on the fatty matter in the follicles as to convert it into a soap easy of solution and discharge

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The New Volume.

The present number commences the 4th volume of the *New Series* of the North-Western Medical & Surgical Journal. We have not now, either time or disposition to review the past or speculate on the future. We wish merely to say that we commence the new year under arragements which we believe will insure promptness and regularity in the issue of the Journal, and correctness in all its business relations. All the books and accounts of the Journal past and present have been transferred to N. S. Davis, one of the editors; and to him should all remittances, letters and papers be addressed. Whatever untiring industry and effort, on the part of the editors, can do to make the Journal one of the best in the United States, *shall* be done. But editors can no more make a good journal and keep it good without the prompt support of their patrons, than could the Israelites in Egypt, make bricks "without straw." Hence we hope our patrons will be prompt in furnishing both money and communications. The series of articles in relation to the causes and treatment of fevers, resumed in this number, will not occupy a place in every number, but will be completed, if possible in the present volume. The next number will contain an address on the 'Influence of Alcoholic drinks on man,' delivered by request, to the class in Rush Medical College on last Christmas day. This address will embody the results of many original experiments, and we trust it will be found interesting to the profession generally. *Perseverentia omnia vincit, et nil desperandum.*

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

ART. I.—*A List of the Principal Medical Plants enumerated by Botanists, and known to be growing in Northern Illinois and Wisconsin*: with a slight notice of some of their medical properties. By STEPHEN W. WILLIAMS, M.D., late Professor and Lectures upon Materia Medica, Medical Botany, in Dartmouth, N. H., Medical College, and in the Medical University of Willoughby, Ohio, formerly of Deerfield, Massachusetts, now of Laona, Winnebago County, Illinois.

The study of Medical Botany is now engaging the attention of medical men throughout the United States. It is very far from being confined to the self-styled botanical physicians, or empirics, as they are emphatically and most appropriately called, who rarely take the trouble to investigate the properties of any plant. They derive most, if not all their boasted information on this subject from the researches of regular physicians.

The resolution adopted by the American Association at Philadelphia, in May, 1847, turned the attention of American physicians to this subject. A committee was appointed, with N. S. Davis, M.D., as chairman, who made a short report upon it, which was followed by two long reports, the one by Francis P. Porcher, M.D., of Charleston, S. C., containing 174 pages royal octavo, and giving an account of more than five hundred medical plants growing in the neighborhood of South Carolina; the other by myself, in a communication containing a list of about three hundred and twenty indigenous medicinal plants growing in Massachusetts, giving an account of their medical properties. Others have given lesser reports in the transactions of the Association, and the medical periodical publications of the day, showing that a growing interest is felt on the subject by our educated physicians.

The field for observation on this subject is vast, and as yet but little explored, particularly in the boundless West, which, comparatively speaking, is just beginning to be populated. The studies of physicians more naturally incline them to the cultivation of the science of natural history, than those of any other class of men; consequently they have done more towards enlarging its boundaries than any other. Their rides in thickets and forests, and in the open grounds, give them great opportunities for investigating this branch of knowledge.

Suffer me in this place to give an extract on this subject from the address of the father of American physicians, the immortal Rush, delivered before his class in the University of Pennsylvania in the year 1789, nearly sixty six years ago. It loses none of its value or significance by age. It also gives a spur and impetus to exertion in other branches of knowledge.

"Let me recommend to your particular attention the indigenous medicines of our country. Cultivate or prepare as many of them as possible, and endeavor to enlarge the materia medica, by exploring the untrodden fields and forests of the United States. The ipecacuanha, the Seneka and Virginia snakeroots, the Carolina pink-root, the spice-wood, the sassafras, the butternut, the thoroughwort, the poke, and the strammonium, are but a small part of the medicinal productions of America. I have no doubt but there are many hundred other plants which now exhale invaluable medicinal virtues in the air. Examine likewise the mineral waters, which are so various in their impregnation, and so common in all parts of our country. Let not the properties of the insects of America escape your investigation. We have already discovered among some of them, a fly equal in its blistering qualities to famous fly of Spain. Who knows but it may be reserved for

America to furnish the world from her productions, cures for some diseases which now elude the power of medicine? Who knows but at the foot of the Alleghany mountains there blooms a flower that is an infallible cure for the epilepsy? Perhaps on the Monongahela, or the Potomac, there may grow a root that shall supply by its tonic powers the invigorating effects of the savage or military life, in the cure of consumption. Human misery of every kind is evidently on the decline. Happiness, like truth, is an unit. While the world, from the progress of intellectual, moral, and political truth, is framing a more safe and agreeable abode for man, the votaries of medicine should not be idle. All the doors and windows of the temple of nature have been thrown open by the convulsions of the late American revolution. This is the time, therefore, to press upon her altars. We have already drawn from them discourses on morals, philosophy, and government,. all of which have human happiness for their object. Let us preserve the unity of truth and happiness, by drawing from the same source, in the present critical moment, a knowledge of antidotes to those diseases which are supposed to be incurable."

For my knowledge of the location of the principal part growing in this section of the country, I am more indebted to a manuscript containing a list of the plants of Wisconsin, by my friend Dr. S. Lathrop, recently Professor in the Beloit College, now a Professor in the Wisconsin University at Madison, than to any other source. I believe this catalogue has recently been published in some of our western periodical journals. I have also received valuable information from Lapham's Hist. of Wisconsin. I also avail myself of my own observations in a more limited sphere, during a short residence in this section of the country. The accounts of the medical properties of the plants enumerated, is from my own researches into the various authorities which have presented themselves to my notice, and this has been the principal labor of the undertaking. After all, but little new may have been elicited, but it will serve as a condensed reference to the medical plants of this section of the west. I have omitted the names of my authorities for the medical properties of the plants enumerated, as it would extend my communication to an indefinite length. I refer the artificial classification of the plant of the Linnian arrangement thus, for the sake of abbreviation, Class 1. Order 13. I say, 1, 13. And for the natural order for Rubiaceæ, for instance, I say, N. O. Rubiaceæ, &c. I trust that most physicians have botanical works describing the plants in their particular locations, and it will be easy from this arrangement to refer to them. I have prefered the alphabetical arrangement to the natural or Linnian one, on account of the facility it gives in looking for the plant.

1. Abies Balsamica. Balsam of Fir. 20, 16. N. O. Conifiræ. This beautiful tree, one of the most beautiful in the American forests, and one which should adorn our door yards more frequently than it does, yields a pellucid balsam, which is expectorant, vulnerary, and slightly stimulant. One part of this balsam, and two of spirits of turpentine forms an elegant transparent varnish for pictures, and paper.

2. Abies Canadensis, Hemlook tree. Class and order as above. Stimulant; branches used in fomentations—used in tanning.

3. Abies nigra. Black Pine, Spina, class and order as above, stimulant, diuretic. The oil of Spina is obtained from this.

4. Abies or Pinus Strobus. White Pine, class and order the same. Most valuable for timber, the bark used for poultices in the piles, stimulant.

The genus Abies taken from Pinus. Except in the pineries of Wisconsin, pines are scarce and timber high.

5. Abutilon Avicennæ. Indian Mallows, N. O. malvaceæ, emollient.

6. Acer Saccharinum. Sugar Maple, Mountain Maple, 8, 1. Its principal medical quality is the sugar which it yields.

7 Acer Rubrum. Red Maple, 8, 1. A good ink is made from it by boiling with sulphate of iron. Decoction useful in sore eyes.

8, 9. Actæa Rubrum et Alba, Cohosh, 13, 1, N. O. Ranunc., tonic, expectorant and nervine.

10. Achillea Millefolium. Yarrow, milfoil, N. O., Artracii. Anti-spasmodic and tonic.

11. Acarus Calamus. Sweet Flag, 6, 1, N. O. orontides. Aro-c, stimulant, used in dyspepsia and as bitter tonic.

12. Adiantum Pedatum. Maiden hair, rock fern, cryptogamia. Aromatic and. slightly astringent. A soothing syrup for coughs is made from this plant somewhat similar to the syrup de capillaris.

18. Anemone Nemerosa. Wood, anemone.

19. Anemone Virginica. Wind Flower.

20. A. Pennsylvanica, Anemone. 13, 13, N. O. Ranunc. Properties alike, used in cutaneous affections. It is acrid and irritating, and sometimes used as a substitute for Spanish flies.

21. Amphiocarpæa Monarca. N. O. Liguminous, esculent.

22. Agrimonia Eupatoria. Common Agrimony, 12, 2, tonic, laxative and febrifuge.

23. Alnus Serrulata. Common Alder, 20, 4, N.O. Amentiaciæ. Leaves bitter and astringent. I have found a decoction of the bark of this shrub a most valuable remedy in Hæmaturia. It is also good in other hemorrhages.

24. Alnus Incarnata. Same class and order. Astringent.

25. Allium Canadense. Wild Onion. 6, 1, stimulant diuretic, and laxative. Similar in its properties to the common onion.

26. Amaranthus Altissimus. Prince's Feather, }
27. Amaranthus Hybrides. Lovely bleeding, } 20, 5, Both

these plants are considered to be useful in the hemorrhages, particularly in the uterine hemorrhage.

28. Alisma Plantago. Great Water Plantain, 8, 13, irritant; stimulant. It was formerly considered in Russia to be almost a specific in hydrophobia, but it is not now much used for this purpose.

29. Ambrosia Trifida. Rich weed. This weed was used by the Indians to make ropes. Employed in after-pains in labor, nervine.

30. Arctium Lappa. Burdock, 6, 1. Diaphoretic, diuretic, sudorific.

31. Andromeda Polifolia. Andromeda. Irritant, errhine.

32. Aquilegia Canadensis. Columbine, 13, 5, N. O. Ranunc. Laxative, diuretic.

33. Apios Tuberosa. Ground Nut, 17, 10, N.O. Leguminosa. Esculent, somewhat similar to the potato.

34. Aralia Nudicaulis. Spikenard, 5, 5, true spikenard.

35. Aralia Racemosa. False Sarsaparilla, 5, 5.

Both these species are mild stimulants, aromatic, etc., expectorant. A syrup of these plants is much used in coughs. The bruised root in wounds and old ulcers.

36. Aralia Spinosa. Prickly Ash. Class and order the same. Highly stimulant, irritant, diuretic. Used much in rheumatism, toothache, etc.

37. Arabis Canadensis. Cress. Stimulant, edible.

38. Archangelicæ atropurpurea. Archangel, 5, 2, N.O. Umbellif. Sometimes mistaken for Cicuta or poison hemlock, as it is somewhat similar in appearance. Carminative, stimulant, stomachic.

39. Artemesia canadensis. Wormwood, 18, 2, n. o. corymbifera. The powder of the root has been much used in epilepsy, a most valuable discutient, and much used in fomentations, in wounds and bruises.

40. Arbutus uva ursi. Bear berry. Uva ursi. 1, 10, n, o, Ericæ. Diuretic, tonic, astringent.

41. Apocynum androsæmifolium. Ipecac. Dog's bane. 5, 2, n, o, Apocyncæ, emetic, cathartic, &c.

Apocyncæ cannabinum. Indian hemp, 5, 2. n, o, Apocyncæ, Emetic, cathartic, and diuretic.

42. Asclepias, cornuti. Milk weed, Silk weed, 5, 2, } Emetic.
43. Asclepias incarnati. Silk weed, 5, 2. } Cathartic.

44. Asclepias tuberosa. Pleurisy root, butterfly weed, 5, 2, Pectoral, carminative.

45. Asarum Canadense. Canada snake root, wild ginger, 12, 1. Aromatic stimulant, and diuretic.

46. Arum tryphyllum. Wild turnip, Dragon root, 20, 13. n, o, Aroideæ, expectoront, carminative, diuretic. The root loses much of its causticity in drying.

47. Asplenium thalictroides. Spleen root. cryptogamia. astringent, pectoral, and diuretic.

48. Aster macrophyllus.

49. Aster macrophyllus, } Aster, star flower, 8, 2, n, o, Asteracæ
Astor Nor-Angleæ, } Used in cutaneous eruptions, and as
} an ecbolic.

51. Avena Strictus. Wild oats, 3. 2, n, o, graminacæ, dietetic, expectorant.

52. Asparagus officinalis. Asparagus, 6, 1, n, o, asparagi, dietetic, and diuretic.

53. Betula papyraceæ. White birch, 20, 13, n, o, amentacæ, astringent, diuretic.

54. Baptisia tinctoria. Indigo plant, n, o, Leguminosæ, emetic, cathartic.

55. Brassima peltata. Water shield, 2, 1, mucilaginous, like the lichens.

56. Bidens fondosa, } 18, 2, n, o, corymbiferæ. An infusion of
57. Bidens cernua, } seeds formed into a syrup with honey, good in hooping cough.

58. Bronun ciliatus. Chess, 2, 2. A noxious plant among wheat. Purgative, sudorific, and diuretic.

59. Botrychium fumariordes. Rattlesnake fern, cryptogamia. Mild astringent,

60. Calla Palustris. Water arum, 20, 13. Acrid, stimulant like the wild turnip. It loses its causticity by drying, and is then eaten in Sweden for bread.

61. Caltha palustris. Cowslip, 13, 13, n, o, Ranunculaceæ. Esculent when boiled young in the spring; later acrid. It somesometimes kills cattle.

62 Cardamine rhomboidum. L. Ladies smock. Roots, purgative, diuretic, and nervous, cardamine pratensis.

63. Callytriche verna. Water chickweed, n, o, callitrichiana. Highly diuretic, and useful in dropsy.

64. Canna alba. Perhaps the Juglans, butternut, n, o, Juglandicæ. From the butternut a most valuable cathartic is extracted, which is much in use in domestic practice.

65. Carex arva. Sedge. L. This genus is very extensive. Edible, stomachic, diuretic, especially those with odorous roots.

66. Carpinus virginica, Vel ostrya, n, o, carylaceæ. It affords a grateful food for cattle. The wood is very hard and white, and burns like a candle. It dies yellow.

68. Cassia chamachristus. A species of senna, 10, 1, n, o, Leguminoseæ, cathartic, laxative.

68. Caphalantus occidentalis. Button wood. L. Tonic febrifuge, cathartic.

69. Ceanothus Americanus. New Jersey tea root, 5. 1, n, o, Rhanaceæ. Astringent, used for apthous sore mouth; used as a substitute for tea during the revolutionary war.

70. Celastrus scandens. False. bitter sweet, 5, 1, n, o, celastracean. The bark is emetic and dyscutient. Useful in discussing tumors and swellings in the bags of cows.

71. Celtis occidentalis. Hackberry, 5, 1. N. O. Amentacæ. Anodyne, refrigerant. The berries eaten in dysentery.

72. Cicuta Maculata Wild poison Hemlook, 5, 2. N. O. Umbilliferæ. A narcotic irritant poison like the conium.

73. Cicuta bulbosa. Same class and order. Propertiesthe same.

74. Circæ lutitiana, Enchanted night shade, 1. 2. n. o. Labiatæ, used in enchantments in druidical ages, like the mummery of animal magnetism.

75. Claytonia Virginica. Pigroot. L. Antiscorphulous in cataplasms.

76. Clematis Virginiana. Clematis, 3, 13, n. o. Ranunculacæ. Very acrid, and employed as a caustic. Its fibres make paper.

77. Cimcifuga Racemosa. Cohosh. Black snakeroot, n. o. Ranunc. Tonic, and expectorant. Much used in consumptive complaints.

78. Chimaphyla umbellata. Altered from Pyrola. Spotted winter green. Diuretic and tonic, much used in dropsy.

79. Chilone glabra. Snake head, 14, 2, n. o. Peronata. Bitter, tonic.

80. Chenopodium album. Worm seed. Jerusalem oak, 5, 2, n, o, Chenopodiacæ. Anthelmintic, expectorant, and emmenagogue.

81. Chenopodium hybridium. Class, order, and properties the same.

82. Crataegus coccinea. Thorn bush, 12, 2. Astringent, antiemetic, stomachic.

83. Conium maculata. Poison hemlock, 5, 2, n, o, Unbelliferæ. Anodyne, acrid, and extremely poisonous. I have seen the best effects from this in cancerous ulcerations, from using the bruised s in poultices.

84. Cornus alternifolia,
85. Cornus circinata,
86. Cornus seriaca,
88. Cornus paucifolia,
89. Cornus Canadensis,

4, 1, n, o, Hedera. Different species of Dogweed. All tonics, and pretty good substitutes for Peruvian bark. Cornein has been made from Cornus Canadensis, little inferior to Quinine.

90. Coptis trifoliata. Gold thread, Mouth root, 13, 13, n, o, Ranun. Tonic, stomachic, and detergent. Much used in the apthous sore mouths of children.

91. Coreopsis. Tickseed. L. Used as a red dye by the Indians.

92. Corylus Americana. Hazel nut, 20, 13, n, o, Amentaciaæ. The fruit is said to be good in inflammation of the kidneys. The oil is used in toothache.

93. Clintonia borealis. L. Vulnerary in a decoction of the leaves.

94. Chara vulgaris. Water feathers. L. Anti-spasmodic and vermifuge.

95. Convallaria multifloria. Great Solomon's Seal, 6, 2, n, o, Asparagin. I have seen the best effect in hemorrhoids or piles from a syrup made of four ounces of the dried root of this plant, one quart of water, simmered to a pint, add a pint of molasses and simmer. Dose a wine glass full three times a day.

96. Chrysosplenium. Water carpet. L. Aperient, corroborant.

97. Cuscuta gronovir. Dodder, 5, 2, Bitter, and astringent.

98. Cipressus thyoides. White cedar. L. Infusion of the wood stomachic. The oil used in rheumatism.

99. Cynoglossum officinale. Hounds tongue, 5, 1. Demulcent and sedative. Used in Nœmaphysis.

100, Cypripedium pubescens.
101, Cypripedium parviflorum,
102, Cypripedium spectabile,

Ladies slippers, 19, 2, n. o. Orchideæ. All most used as a nervine by the botanic physcians and quacks as an anti-spasmodic and nervine. They call it Nervine, America Valerian. I can see but little efficacy in it.

103, Cyprus oleandrus. Bull rush; cryptogamia, diuretic.

104, Datura stramonium. Common Thorn apple, apple penn, 5. 1, n. o. Solaneæ. This is one of the most powerful of our narcotics, and an acrid poison.

105, Diervilla trefida. L. Yellow diervilla, antisyphitic, diuretic.

106. Delphinium consolida. Larkspur, 13, 3, n o. Ramunc. Vulnerary, anti-spasmodic, diuretic.

107, Dentaria laciniata. Tooth root. L ; aromatic and stimulant.

108, Dirca palustris. Leather wood, Moose wood. 8. 1, n. o. T. Thymeleæ. It is emetic, cathartic, rubifacient, and epispastic.

109. Drosera rotundifolia. Linden, L. Pectoral, and used in asthma.

110, Elymus Virginius. The seeds eaten like bread.

111, Equisitem arvense. Horse tail, } Cryptogamia ; both of
112, Equis. hyemale. Scouring rush. } them excellent diuretics

113, Erythronium dens canis. Adder's tongue, 6, 1, n. o. Libiar. The root when dry is farinaceous ; when green, emetic, acrid and stimulant.

114, Euonymus atropurpurea. Spindle tree, L. Fruit emetic, diuretic, in powder good for the itch.

115, Eupatorium perfoliatum. Thoroughwort, boneset, 8, 1, n. o. Compositæ. This is undoubtedly one of our best indigenous cathartics ; the flowers are also tonic and emetic.

116, Eupatorium purpureum Joepye root, class and order the same, highly diuretic.

117, Euphorbia maculata. Blooming spurge, 11, 3 ; cathartic, emetic, and stimulant.

118, Fagus ferruginea. Beech, 20, 13. It yields a pleasant edible nut. The decoction of the leaves, and in ointments, good for burns and scalds.

119, Flœrkia proserpin cardis. Sweet salad ; edible, good and sweet.

120, Fragaria virginiana. Strawberry, } 12, 13, n. o. Rosacæ. Pleasant fruit a de-
121, Fragaria vesca, common ditto, } coction of the leaves useful in dysentery.

122, Fedia fago pynum. Lamb lettuce. Mx. A good salad, diuretic.

123, Fraxinus Americana. Ash tree, 21, 2, n o. Jasmineæ. The bark is bitter and astringent, and used for hemorrhages, and the bites of snakes.

Galium aperine. } Goose Grass, 4, 1, n. o. Rubiceæ,
Galium asprellum, } diuretic, and astringent.

126, Gaultherius procumbens. Winter green, chequer berry, 10, 1. A very pleasant aromatic stimulant. The oil and essence very much used in this country, diuretic.

127, Geranium maculatum. Crane's bill, 16, 10, n. o. Geranaceæ. This is one of our best and purest astringents.

128, Geranium robertianum. Same class and order. Used in the bloody water and bloody flux of animals, astringent and diuretic.

129, Gerandia quircifolia. Golden oak. Mx. Used by the Sioux Indians for the bite of the rattlesnake. It is also used for the toothache.

130, Gentiana quinqueflora.
131, Gentiana crinita,
132, Gentiana Saponaria.
Blue and fringed gentians, 16, 10, n. o Gentiana, tonic, bitter, corroborant, cathartic, good substitutes for foreign gentians.

133, Geum robertianum. Avens. Throat root, 12, 3, n. o. Rosaceæ; astringent and a pure tonic; used with gold thread for apthous ulcerations, in chronic diseases, diarrhœa, leucorrhœa, &c.

134, Gnaphalium polyaphelata, Life everlasting, 18, 2, n. o. Corimbiferæ; astringent, vermifuge, and vulnerary.

135, Goodyera pubescens, Scrofula weed. Used much in scrofulous affections.

136. Hydrastis canadenses. Scrofula weed. Much used by the botanists and other empirics. Bitter, pungent, nauseous and disagreeable.

137, Hepatica triloba. Liver root, 13, 13, Ramunc. Expectorant. It has been very extensively used in syrup in consumptive complaints.

138. Helonias deplexa. Helonias. The decoction of the bark of the root useful in colic.

139, Helianthus rigidus. Sunflower, 18, 3, n. o. Corymbifereæ.

140, Helianthus annuus. Large sunflower, class and order the same. The seeds of this plant yield an oil equal to olive oil; astringent.

141, Helianthus tuberosus. Artichoke, class and order the same. Culinary roots, which contains sugar, diuretic.

142, Helianthus canadenses, properties somewhat similar.

143, Helenium autumnale. False Sunflower, yellow star. R. Tonic, febrifuge, errhine. It has been used in intermittents.

145. Heracleum lanatum. Martin root, 5, 2, n. o. apiaceæ; a warm stimulating carminative, like the anise and caraway.

145, Hieracium canadenses. Vining hawkweed, 18, 1, n. o. cichor. vulnerary, astringent, sudorific. and pectoral.

145, Hieracium gronovir, class and order the same; used for tooth ache, and to cure warts.

147, Hordeum jubatum. A species of barley; used like the genuine.

148, Humulus lupulus Common hop, 21, 5. Bitter, tonic, narcotic, lupulin, or the powder of the hop easily separated from it. They are the principal ingredients in beer and porter.

149, Hydrophyllum virginicum. Burn flower, 5, 2. This has been used against the bites of snakes. and that erysipelatous inflammation of the skin produced by the Rhus or poison sumach.

150, Hypericum pyramidatum, } St. John's wort.
151, Hypericum canadense, } St. John's wort, 5, 1; Balsamic, pectoral, somewhat styptic and vulnerary. Used in diarrhæa, dysentery, mania and low spirits; a syrup of it useful in croup.

152, Impatiens pallida. Jewel weed, 5, 1. The whole plant is acrid, and when taken internally it operates as an emetic, cathartic and diuretic.

153, Iris versicolor. Flower de luce, } 3, 1, cathartic, acrid,
154, Iris viginianum. Blue flag lily. } stimulant and emetic.

155, Juglans cinerea, Butter nut, } class 20, order
156, Juglans cinerea, Black walnut, } 13. The butter-
157, Juglans squarrosa shag bark hickory nut } nut is a most valuable cathartic. The bark of the others is rubifacient.

158, Juncus valticus. Rushes, L. diuretic, cathartic

159, Juniperus communis. Common Juniper, } 21, 16, stimu-
160, Juniperus virginianum. Red cedar, } lant, emenagogue, diuretic, and diaphoretic.

161, Kalmia glauca. Laurel, 10, 1, leaves poisonous and narcotic.

152, Larix Americana. Larix. Hackmetac, 20, 16. It produces a fine balsam similar to turpentine, useful in wounds, bruises, &c. This tree resembles the pinus, but the leaves are deciduous in the

163, Ledum latifolium. Labrador tea, Marsh tea. Leaves bitter, astringent, and pectoral; used in cutaneous eruptions.

164. Lemna minor. Duck meat, 20, 2. A cataplasm of it has been used in gout, and in the piles. A decoction useful in Jaundice.

165, Leonorus cardiaca. Motherwort, 14, 1. Similar in its properties to valerian; used in hysterical and nervous effections.

166, Leontodon taraxacum. Dandelion, 18, 1. This plant has come into vogue greatly for jaundice, dyspepsia, &c. It is diuretic, slightly tonic, and aperient.

167. Lepidium virginianum. Pepper grass, 15, 2. Eaten as a salad; acrid, diuretic, anti-scorbutic.

168, Lilium canadenses. } Canada and Philadelphia lily, L.
169. Lilium philadelphium. } Roots useful in suppuration for poultices. Edible.

170, Liatris cylindrica. Gay feather, 1[illegible], 1. Diuretic; good in gravel.

171, Liatris scariosa. Button snake root, class, order and properties the same.

172 Linum rigidum. Will flax.

173. Linum usitatissimum, common flax naturalized, 5, 5, laxative pectoral. sudorific. flax seed. one of our purest demulcents.

174. Lobelia cardinalis. Cardinal lobelia, 5, 1.

175. Lobelia syphilitica Syphilitic lobelia. 5 1.

176. Lobelia inflata. Devil's pepper, 5. 1. The last article is the divine remedy of the Thomsonian, Botanics, Steamers, and Eclectics, which may all be ranked under the same class, and the one on which they [illegible] themselves to their little ephemeral popularity, and [illegible] their short lived popularity descended [illegible]. It is a violent narcotic, acrid poison, and [illegible] I [illegible] given a full account of it in the New York [illegible] for the year 1848.

177 L[illegible] Honeysuckle, 5. 1. The ripe berries of [illegible]. The leaves and flowers are [illegible]. A syrup is prepared from them [illegible].

178 Lupinus perennis. Lupine. Finger leaf, L. Seeds bitter and [illegible].

179, Lycopodium lucidulum. Ground pine, L. Cryptogamia; used in dropsy, emenagogue, drastic, gout, diarrhœa, &c.

180, Lycopus virginicus Water agrimony. Bugle 2, 1. This is one of our most valuable astringents: very valuable in uterine and all other hemorrhages. I have published a long account of it in the New York Journal of Medicine. I hope it will continue to engage the observation and attention of physicians.

181, Lycopus minatus. Water horehound, class and order the same. Used in intermittent fevers.

182, Lythrum alatum. Willow herb. L. Mucilaginous in diarrhœa and dysentery.

183, Lysimachia quadrifolia. Loose strife. L. Slightly astringent, stomachic, expectorant; good for coughs and cold, and to improve the appetite.

184, Lythospernum officinale. L. Similar in properties to cynoglossum.

185, Malva rotundifolia. Mallows, class 17; all the mallows are mucilaginous, and equivalent in properties to the slippery elm, gum arabic, &c.

186, Marula cotula. May weed. L. Bitter, tonic, stomachic, nervine.

187, Marubium vulgarie. Hore hound, 14, 1; emenagogue, deobstruent, diuretic, used in dysmenorrhœa, and in affections of the kidneys. It is the basis of the negro remedy for the bite of snakes.

188, Medeola virginica. Indian cucumber, 6, 3. It is highly diuretic, and has been successfully used in dropsies.

189, Menispermum canadense. Moonseed, L. Bitter, tonic, mucilaginous; used in the stranguary of horses.

190, Mentha canadenses. Common mint, 13, 1, n. o. Labiatæ; all the mints are warm aromatic stimulants. The wild leaves applied warm on the breast will prevent the formation of abscesses, and promote the flow of milk.

191, Meriganthus trifoliata. Buck bean, 5, 1, n. o. Gentianæ, Bitter, tonic, and cathartic. More intensely bitter than gentian; used in intermittent and other fevers, where tonics are required; eumatism, dropsy, and cutaneous eruptions.

192, Mitella dyphylla. Currant leaf; Refrigerant, used in fevers as a drink.

193, Mitchella repens. Creeping chequer berry. This is a most valuable diuretic, much used in dropsy. For an extended account of it see my Medical Botany.

194, Monarda fistulosa. Balm, 2, 1, n. o. Labiateæ.

195, Monarda punctata. Mountain Balm, 2, 1, n. o. the same; altered to Milissa. Aromatic, fragrant, and anti-emetic, similar to the mints.

196, Monotropa Uniflora. Beech drop, pipe plant, 10, 1, N. Monotropæ. Anodyne. Dr. Steward's substitute for opium; cures opthalmies.

197, Milium effusum. Wild Millet. L. Esculent.

198, Myrica gala. Bay berry. n. o. Myricæ; astringent, antispasmodic used in dysentery. From the berries bay-berry tallow is made.

199, Nasturtium palustre, Nasturtion, L; aromatic, diuretic.

200, Negundo acerandis. Equivalent with all the maples.

201, Nymphæa odorata. White pond lily, sweet pond lily, 13, 1. The roots are the parts employed in medicine. They are demulcent, anodyne and emollient. They form the best poultices which can be used in suppurating abscesses.

202, Nuphar advena. Yellow water lily, 13, 1. This plant possesses the properties of the above, but in a less degree.

203, Nepeta cataria. Catmint or catnep, 5, 1, n. o. Labiatæ. carminative, stimulant, and much used in the affections of infants.

204, Oxalis violacæ. Clover leafed sorrel, L. 1, 5. This plant yields oxalic acid.

205, Œnothera biennis. Scabish Tree primrose, 8, 1, n. o. Malastron; esculent. mucilaginous.

206, Orchis spectabilis, Salep, L. From this Ocher's Salip is made, vermifuge.

207, Ostrya virginica. Similar to carpinus.

208, Oryzoptis asperifolia. American rice; eaten by the Amrican Indians like common rice.

290, Panax quinquefolia. Ginseng, 5, 2. The divine remedy of the Chinese. Very abundant here, sufficient for commercial purposes. Stimulant cordial tonic, expectorant, &c. An excellent ingredient with mallows in cough mixtures.

210, Parnassia. Similar in its properties to hepatica.

211, Pastinaæ Saliva. Parsnip, 5, 2. Esculent. Seeds aromatic and stimulant.

212, Pedicularis canadenses. House wort, 14, 2. Sometimes called heal-all. The Indians use it in the bite of snakes.

213, Pinus banksiana. See Abies, 29, 16.

214, Pinus resinosa. Pitch pine, 29, 16. From this the turpentine and resin of commerce is made.

215. Pinus mitis. Pine 29, 16. All the kinds of pines are valuable, from which the pitch, resin, and turpentine are made. Diuretic and stimulant.

216. Plantago major. Common plantain, etc. Leaves cooling and vulnerary. Root astringent. When young, leaves a good salad.

217. Phytolacca decandra. Poke root, 11, 10. Emetic, cathartic, narcotic. Used much in the cure of rheumatism; also in the swelled udder of cows.

218. Physalis viscera. Ground cherry, 5, 1. Berries diuretic and sedative.

219. Podophyllum peltatum. May apple. Mandrake, n. o. Actiana. This is one of our very best native cathartics at the west, and it grows in great abundance there. On account of its superior efficacy as a cathartic, it is sometimes called mercury root. An account of it may be found in all our best medical dispensations. Leaves narcotic. Fruit relished by most people.

220. Partulucca olevacea. Purslain 11, 12. Diuretic and vermifuge. Esculant. A good salve made with it for the lips and nipples.

221. Polygala paucifolia. Dwarf milk-root, 17, 8, n. o. Polygonacæ. Properties somewhat similar to polygala senega, stimulant, sudorific. Smells somewhat like the Gaultheria procumbens. A tea of the plant useful in erysipelas. Used for rattlesnake bites.

222. P. Sanguinia. } Snakeroots. Class and order as above.
223. P. Polygamia. } Properties somewhat similar.

214, Polygonum persicaria. Water pepper, Smart weed, 9, 3, n. o. Polygoniaceæ A pungent, biting, aromatic plant, diuretic and stimulating vesicant, and blistering the skin if applied long to it. Used a good deal in fomentation when an irritant effect is desirable.

216, Polygonum hyderpipe, Similar in properties to the above.

216, Polygonum fagopyrum. Buck wheat. Esculent, flour in pancakes equal to wheat. A tea of the plant useful in erysipelas, both as a beverage and wash.

217, Polygonatum pubescens.

218, Populus tremuloides Common poplar. Class 21. This is the celebrated tonic bitter of the Thompsonian or steamers. The buds are balsamic and stimulant.

219. Populus balsamifera. Balsam poplar. The balsam from the buds of this tree is considered to be equal to copaiva.

120, Polygonus grandidenta.

121, Potentilla norwegica. Cinquefoil, fine finger, 12, 18. This is a mild astringent, and was formerly used in diarrhœa. Properties somewhat similar to tormentilla.

122, Prunella vulgaris. Self heal. 14, 1. Bitter astringent. Bruised and applied to wounds supposed to be very effectual in healing them.

123. Prinos verticellatus. Red berry alder. Bark astringent, emetic, and tonic. Berries purgative and vermifuge. A very ornamental shrub, which would add much to the beauty of our door yards.

124, Prunus Americana. Wild cherry, black cherry, 12, 1. n. o. Rosaceæ. This is a bitter astringent, and contains Prussic acid. Tonic, antibilious, and pectoral. It is the basis of Ayer's celebrated cherry pectoral.

125, Pyrus coronaria. Wild crab, 12, 1. Blossoms and fruit acrid, bitter and austere, still tho fruit is much used in preserves.

126, Pyrola rotundifolia. Round leafed winter green, 10, 1. Diuretic, leaves vulnerary.

127, Pycnanthemum lanceolatum. Wild basil, 14, 1. This plant is similar in its properties to the mints and pennyroyal.

128, Ptelea trifoliata. Wing seed, vermifuge in tea, vulnerary in poultices.

129, Quercus alba. White oak,
130, Quercus rubra. Red oak,
131, Quercus pinus,
} 20, 13. All the oaks are valuable astringents. From them tanin is prepared, the most valuable astringent in use.

132, Ranunculus repens. Crowfoot, butter cup, 14, 1. Acrid and narcotic. The leaves applied to the skin will blister it.

133, Ribes cynosbati. Gooseberry, 5. 1. Fruit edible, laxative, refrigerant. Their properties are universally known.

134, Rhamnus alnifolius. A species of buckthorn. Properties somewhat similar to Rhamnus catharticus, class 5, 1.

135, Rhus typhina. Sumach,
136, Rhus glabra. Smooth sumach
} 5, 3. Harmless astringent. Berries used in dysentery.

137. Rhus vernata. Poison sumach.
138, Rhus toxi codendendron, Poison sumach
} Poisonous, class and order the same. Produces an effect like erysipelas.

139. Rubus occidentalis. Bramble raspberry.
140, Rubus villosus. Blackberry.
141, Rubus nathamis. Perhaps dewberry.
} 13, 13. Properties of the above berries and shrubs are too well known for description here.

142, Rumex brittanica, 6, 3, Acid and rifrigerant.

143. Rumex acetosella. Sorrel dock.

134, Rumex Crispus. dock, class and order the same. Astringent, anti-scorbutic, and tonic. Much was formerly thought of its efficacy in cancer.

145, Rosa lucinda. Rose 13, 13, of the more than 300 species of roses, 30 at least are wild in America. Their properties are similar and well known to educated American physicians.

146, Sanguinaria canadenses. Blood root, 13, 1. A volume might be written in praise of this valuable plant. An account of its virtues may be found in all the writers upon Materia Medica and Medical Botany extant. That of Tully, in the Philadelphia Medical Recorder, is the most elaborate, to which I refer the reader.

147. Sambucus canadenses, Common elder, 3, 3. Flowers axative, and somewhat sedative. The syrup also possesses much he same properties. Much used in the diseases of infants. Good n cutaneous eruptions. The berries make good wine.

'8, Sanicula marylandica. Sanicle, 5, 2. sub-astringent, tonic, antisyphilitic. It has been used as a diuretic in cases of dropsy, also in gonorhœa, syphilis. In decoction it is good in wounds and bruises.

149, Sarracenia purpurea. Side saddle flower, 13, 1, n. o. Sarracenaceæ. The roots of this singular plant are bitter, tonic, and stomachic, and are useful in dyspepsia, and where tonics are required. Useful in diarrhœa and chronic dysentery.

· 150, Saponaria vaccatia. Soapwort, 10, 2. Tonic, diaphoretic, and hepatic. It has been used in rheumatism, gout and jaundice. They are diuretic and emmenagogue.

151, Saxifraga aiton, Saxifraga,

152, Saxifraga Pennsylvanica. Rock saxifraga, 10, 1. They are bitter and astringent. Root useful in gravel.

153, Scipus pungens. Bull rush. Cryptogamia. Diuretic.

154, Scutellara lateriflora. Scull cap, mad dog weed, 14, 2, n. o. Labiateæ. Volumes have been written and more angry passion has been excited upon the anti-hydrophobic virtues of this plant, and much ridicule has been cast upon the believers in it. Still the facts and arguments which have been adduced in its favor have not been overthrown. Some of the most respectable physicians in England, and in the United States have been believers in it, such as Dr. Mussey, of Cincinnati, Dr. Spalding, Drs. Wells, Stone, Williams, Rafanisque, and many others in America, besides Youatt and Watson, in Europe. I am no believer in any specific, yet I think the subject should be treated with candor, rather than ridicule. Surely a substance containing the following ingredients cannot be considered inert. The substances found in it by Cadet were, 1st. Yellow green oil, fixed, and soluble in ether. 2nd. A bitter principle. 3rd. Chlorophylle. 4th. A peculiar volatile matter, tasting and smelling like the principle of antiscorbutic plants 5th. An essential oil. 6th. Albumen. 7th. A sweet mucous substance. 8th. A peculiar astringent principle. 9th, Lignin. When burnt the ashes afford chloride of soda and seven other salts. It is, says he, tonic, astringent, anti-spasmodic, anti hydrophobic at least. The steamers and botanics consider it their grand anti-spasmodic. (See my communication in the transactions of the American Medical Assoeiaton, vol, 2, 1849.)

155, Santillaria galimculata. Hooded willow herb, class and order the same. Anti spasmodic.

156, Silphum lanchium. Turpentine gum flower, L. Yields a fine fragrant gum like Frankinsence, and chewed by the Indians to sweeten the breath.

157, Silene stellata. Wild pink, L. vermifuge.

158, Sinapis alba. White mustard, 15, 2. Antiscorbutic and diuretic; leaves used as a salad.

159, Sinapis nigra, Black mustard, 15, 2; heating and stimulant. Used as a condiment. Seeds in large quantities unbroken emetic; bruised most excellent for an external irritant.

160, Sisymbrium canescens. Hedge mustard, n. o. cruciferæ, diuretic, and expectorant.

161, Smilax rotundifolia. Green briar, 21, 6. An infusion is said to be of service in mercurial salivation, in chronic rheumatism, and in diseases of the skin.

162. Spergula arvensis. Spurge, 10, 5. The inhabitants of Norway and Finland use the seeds for bread, when the corn fails; poultry are fond of them.

163, Solidago laterifolia. Golden rod, 18, 2.

164, Solidago odora. Sweet scented golden rod, 18, 2. Carminative. Its properties are very similar to aniseed, caraway, &c., aromatic and stimulant.

165, Sorghum natans, L. Esculent.

166, Spirœa opulifolia. A species of hard hack, 12, 5, slightly astringent and tonic.

167. Symphonia carpus occidentalis. Snow berry; root used for ague, tonic, and astringent; fibrifuge in small doses.

168, Symplocarpus foetidus. Skunk cabbage, n, o. Irvidian Root acrid and stimulant; when green applied to the tongue it will instantly blister it; very extensively used in medicine, an account of which may be found in all our dispensatories.

169, Thalictrum anemanoides. Meadow rue, 13, 13; a poultice iade of the leaves of this plant has been known to alleviate the ain of sciatica.

170, Thalictrum diocum. Same class and order; sometimes used nake bites.

171, Tiphrosia virginica. Turkey pea, L. Vermifuge.

172, Teucrium canadense. Wood sage, germander, 14, 1. Tonic, aromatic, bitter.

172, Tilia americana, Bass or Linn, 13, 1. This is a most valuable wood. The bark formed into poultices is superior to slippery elm, and used for the same purposes. Most extensively used in burns, bruises and ulcers.

173, Trillium cernium. Nodding trillium, 6, 3. The roots of all the trilliums are most valuable astringents. I have published a long article upon them in the New England Journal of Medicine and Surgery, and in the New York Journal of Medicine, and in the Transactions of the American Medical Association.

174, Triosteum perfoliatum. Fever root, 5, 1. Cathartic, and in large doses emetic, diuretic, useful in fever, agues, and pleurises.

175, Ulmus Americana. Common elm, 5, 2. A splendid ornamental tree. Diuretic and demulcent.

176, Ulmus fulva. Slippery elm, 5, 2. The bark is one of the purest demulcents known for drinks and poultices.

177, Urtica pumila. Common nettle, 20, 4, stimulant, diuretic.

178, Valeriana ciliala. American valerian, L. Used in nervous diseases.

179, Vaccinium macrocarpus The whortleberry species, L, 10, 1, diuretic.

189, Verbascum thapsus. Mullein, L. Much used as an external mild irritant, by binding the leaves on the part effected, demulcent, and pectoral.

181, Verbena hastata. Purple vervain. 14, 1, bitter, emetic, expectorant. A syrup prepared from it very useful in coughs.

182, Viburnum opulus. Snow ball. } 5, 3, diuretic, berries
183, Viburnum lentago. Haw berry, } eaten by partridges
and other birds.

184, Viola blanda. Smooth violet, } All the violets are highly
185, Viola cuculata. Hat violet, } mucilaginous and diuretic
186, Viola pedata. Bird foot violet. } I have published a full
account of them in the New York Journal of Medicine and Sur-

gery, which has been republished in the American Journal of Pharmacy, Philadelphia.

187, Viola pubescens. Yellow wood's violet.

188, Vitis æstivalis. Summer grape.
189, Vitis riparia. Frost grape.
5, I. For an account of the fortynine species of American grape see Rafinisques Medical Botany, vol. 2, p. 121.

190, Xanthium strumarium. Clott burr, 20, 5. Leaves bitter and astringent, useful in scrofula and erysipelas.

191, Zanthoxylon Americana. Prickly ash, 20, 5. An acrid stimulant similar in its properties to the stratias which see. Used in chronic rheumatism, tooth ache, &c.

192, Zizania aquatica. Wild rice, water oats, L. Esculent. Much relished by cattle and horses.

ART. II.—*Case of Strangulated Hernia. Operation and Recovery.* By SAMUEL THOMPSON, M.D., of Albion, Ill., delivered before the Æsculapian Society at their last meeting in Marshall, Ill.

Cases of Strangulated Hernia requiring the use of the knife are rather rare in country practice, and as the urgency of the symptoms often requires such prompt action, while the difficulty of procuring professional help or necessary conveniences at the time are so great, the rarity of such cases are very fortunate.

The subject of the following case, residing 10 miles from me, was a poor weakly emaciated woman of about 50 years of age, the mother of several children, she suffered for some years, part from a prolapsus of the uterus which protruded, even in the recumbent position, from the Vulva as a smooth round tumor, about as big as the end of a large egg. She stated she had been out of health for some time with chills and fever, and had been under the treatment of a quack Doctor, but had not had many chills since 1st Oct., 1853. I first saw her on 9th Oct. That after the chills left her she had some fever and colicky pains in her bowels, became costive, and discovered she had this tumor in the groin, (she had been washing and lifting an iron kettle) for this again she applied to her quack doctor, who told her "it was a rising" and directed her to poultice it, after continuing to do this for several days, she and her husband became alarmed, and sent for me (she had never noticed any rupture before this, but it might nevertheless have existed a long time). At this time there was a tumor about 2½ inches long, nearly egg shaped, with the apex towards the spine of the ilium, it occupied the left groin, and at its most prominent part, projected about ¾ inch above the surrounding integument. It was not tender on handling nor discolored; to the finger it felt firm and somewhat like an enlarged gland, there was no doughyness or elasticity, still in connection with the constipation, vomiting, hiccup &c, I felt satisfied that it was a hernia. I tried the taxis as long as under the circumstances I thought safe. And then considering that no purgatives had been tried, that she was free from pain, had no fever, passed her urine freely, while the tumor was not discolored or tender. I determined to try purgatives and enemata before resorting to the knife, I therefore with great care introduced about 18 inches of an œsophagus tube into the bowel, and then with an enema pump injected seven pints of warm water, holding in solution ʒiij Sulph. maj. This was mostly retained for about half an hour, when it was returned with a few small lumps of fecal matter. I left hydrg. sub-mur. gr. x. ext. hyos. gr. vi. in pills ij. to be given at 5½ P.M., followed in four hours by castor oil ℥i. spt. turpentine ʒi. and to be repeated every four hours, till three doses were taken, and directed that sinapisms be applied to the epigastrium to relieve the nausea.

The next day Oct 10th. I saw my patient about 11 A.M. Our enema and purgatives had been useless. She had not had any evacuation from the bowels. The nausea and vomiting with the hiccup, were continuous. The pulse was nearly imperceptible. The skin was cold; countenance bad; eyes dull and filmy, voice a mere whisper. It was evident there was no time to lose, and I regretted I had not operated on the previous visit, I however again tried the taxis for a few minutes, and considering the obscurity of the diagnosis, first directed my endeavours as for a femoral hernia, pressing downwords, supposing the gut had turned up over the edge of the femoral or saphenous opening after its escape. But I could not move it. I then for a minute endeavored to press it upwards and outwards in the direction of the inguinal canal, but with equal ill success. It was therefore evident that there was no time to lose in adopting the only means offering any chance of life, and even for that I feared there was hardly time, or strength to rally after the operation. I had sent to the two nearest houses, to get help of some kind, but none could be had, and therefore alone and unaided, except by the husband, an ignorant man, who had enough to do to support her head and apply stimulants and restoratives when needed I had to proceed to the operation. The cabin was low with no window, and with a wide low porch over each door, I moved the bedstead across one of the doorways, laid my instruments on a reversed half bushel placed on a chair, having to pick out my own instruments, do my own sponging, &c., and not feeling quite certain whether the hernia was femoral or inguinal. I made an incision about 3 inches long, down the centre of the tumor, and carried merely through the skin, (cellular tissue there was none) and then commencing at the centre of the first incision, carried another downwards nearly at the right angles thus T and dissected up the flaps. The skin, and the different investing layers were very thin, and the latter dark colored, and closely adherent to one another. I had great difficulty in laying held of the sac, as there was no serum in it, and it was closely adherent to the bowels, though the adhesions were recent; but it had to be slowly separated, either with the director or the handle of the scalpel, upon opening the sac the bowel appeared tense dark colored, and full of fecal matter, and so dilated and flattened out, that it looked more like a mushroom or a button, the head of which was so large in proportion to the stem, that it was very difficult to get at the opening by which it had escaped, I drew the bowel slightly out, pushed in a finger, and finding the stricture to be at the superior falciform edge of the overlapping portion of the fascia lata femoris. I introduced a director and with a probe pointed bistoury directed upwards and slightly inwards towards the pubes, nicked edge of the fascia in two places, then slowly and easily emptied the tumor of its contents, the gut readily returned and having examined with my finger to ascertain that there was no further obstruction, I left her for a few minutes (laying down the flaps, &c) to recover herself, and to recover myself, for the fatigue of body and mind had been great, both from the constrained position and defective light in which I had to operate, and from the consciousness that any sudden movement on the part of my patient, might cause me to cut what could not be repaired, added to the doubt whether she would not die under my hands. I gave her a little spirits and water and laudanum, then brought the edges of the wound together with 3 points of interrupted suture, put on a compress soaked in oil, a roller round the body and crossing the perineum and thigh, allowed her to rest half an hour, and then administered an injection of warm water, which after being retained some time was returned with feculent matter of a dirty light brown color, her pulse became fuller, and having placed her in an easy position, I left her as follows: cal. gr. ix. quinine gr. vi. morph. sulph. gr. i. in cht. iij., one to be given every four hours. Light diet and perfect quiet.

Though working almost in the dark, no large vessel was cut, as I made constant reference to the indications of pulsation as recognized by my finger in the wound, not one ounce of blood was lost, indeed, had any hemorrhage occurred, I know not how I could have stopped it, having no assistance, and my patient was so low, that she would have sunk under a small loss —after removing the instruments &c., and exposing the hernia, it presented a singular appearance from a kind of second and external stricture produced over its apex or point by a nerve or a band of cellular matter, forming a very distinct depression or second strangulation.

It has been stated by Scarpa, Skesselbach, &c., that in crural hernia, there are symptoms which especially distinguish it, viz "a sense of stupor and heaviness in the thigh, œdema of the leg and even the foot of the same side," and the reason given, the pressure of the tumor upon the crural vessels and nerves appears good and sufficient. But in this case no such symptoms existed. But Scarpa further remarks, "that in women however, it is less easy to distinguish the crural hernia from the inguinal, and that the portion of the inferior pillar of the abdominal ring, which separates the opening from the internal and inferior angle of the crural arch is so slender in women, that it is sometimes hard to distinguish the crural from the inguinal hernia, which is not the case in male patients."

I saw my patient the next day, 11th, the bowels had been freely moved, she was indeed too much purged. But she had no fever, had eaten and slept, the wound looked healthy and healing, there was no tympanitis or abdominal tenderness.

Left opium gr. ij. cal. gr. ij. in chart to be given if too much purged.

12th. Patient looked much better, stools had been too frequent, but one of the powders had immediately checked them; she was cheerful, pulse natural, appetite good, tongue ditto. The edges of the wound seemed a little on the strain, I therefore clipped one of the stitches, the lips began to separate, and a sanious discharge escaped. I then closed the wound with collodion and cotton, leaving room for discharge. There was some slight tenderness about the umbilicus, she had had no stool that day. Calomel gr. v, morphine ½ gr. at night if uneasy. Oil in morning if bowels not moved.

14th. Mrs. R. doing well. No fever, appetite good, tongue clean, no pain or tenderness in abdomen, wound suppurating but gapes a little; starpped it up with adhesive plaster, and covered it with lint, spread with ungt. strammonii.

She perfectly recovered; but deid nine months after, with every symptom of introsusception. No post mortem obtained.

SELECTIONS.

Strychnine as a Poison—Trial of George W. Green for Murder.

At the December term of the Circuit Court in this city, Judge Morris, presiding, Mr. George W. Green was tried and convicted, on the charge of having murdered his wife, in September last, by giving her Strychnine for that purpose

By the testimony of various witnesses, it was shown that Green and his wife had lived unhappily together for several years; that she died suddenly, and was buried under circumstances, calculated to excite suspicions of crime, and which led to a coroner's inquest. Below, we give so much of the medical testimony, as relates to the Post-mortem appearances of the body of Mrs. Green, and the detection of Strychnine in the contents of her stomach. It should be stated, that owing to some misunderstanding in relation to some portion of the testimony. between the Judge and the council for the prisoner; a new trial has been granted to the latter. That part of the evidence to which we have alluded, is as follows, viz:

Dr. Max Myers called and sworn. Resides in this city; am a physician: was at post-mortem examination of Mrs. Green; the body was very much swollen, echimosis on the throat, extending about four inches: eyes swollen; tongue somewhat rigid; did not examine the position of the feet examined the uterus and the stomach; I only saw the latter; Dr. Bird opened it; I took the scalpel and found some medicine and an appearance of cheese; the stomach was full or nearly so: from the condition of the stomach, the food had been taken some 12 or 15 hours previous; saw no symptoms of ordinary disease; found a fœtus of four months in the uterus; saw no symptoms of natural death; from what I saw, could not give an opinion as to cause of death. The coroner brought a glazed jar: I told him to wash it carefully; he did so two or three times: I was very particular that it should be clean; it was a pickle jar. Know Dr. Morfit; he has gone to Washington.

By Mr. McIlroy—Discovered no indications of cholera; have had considerable experience in such diseases No traces of inflammation on the mucous membrane of the stomach.

Cross examined by Mr. Arnold—Had considerable experience in cholera; cholera prevailed extensively and malignantly in this city in September—chances of recovery in a person taken with the disease, very slight.

The examination was on Monday about 1 P. M. Dr. Bird, the Coroner, Drs. Morfit and Freer and myself, were present. Mr. Ravel went with us to show us the house. I merely directed the washing of the jar, it was a glazed earthen one. The spinal chord was not examined; I told Dr. Freer to examine it, because I wished the examination to be thorough. Had she died of strychnine, the spinal chord and brain would give the strongest indications; it produces contractions of the muscles, and acts powerfully on the spinal chord and brain. From the post-mortem could not say positively that strychnine caused her death. It is a remedy used for intermittents and neuralgia. Those diseases prevailed in this city somewhat extensively; it is a common remedy, first introduced by Dr. Brainard; have read the article in the Medical Journal from his pen. Since then it has been considerably used for a medicine

Strychnine and quinine look very much alike. An inexperienced person could not distinguish between them; I myself could not, by means of the *taste* alone. Strychnine taken into the stomach is absorbed very readily. After it has been resolved into its component parts, it may be reproduced.

Direct examination resumed—Strychnine is a very powerful poison. It is not as popular a remedy as formerly: it is usually given in solution, the usual quantity being from 1-12 to 1-8 of a grain. An inexperienced person would not put up 1-8 or 1 10 of a grain with exactness. It is not usual to give out strychnine in quantities of 4 or 5 grains, and leave it discretionary with the patient or family to divide it as they want it. It is sometimes given out, however, for external applications, and inserted in small incisions in the skin. It is as dangerous when thus used, as when used internally.

Cross-examination resumed—Strychnine ceased to become a popular remedy about the time of the publication of the article before alluded to.

(The stomach of the deceased, and its contents, were here sent for.)

Dr. J. V. Z. Blaney—Am a practical analytical chemist; have been practicing since 1841; have had considerable practice since that time. I received what I was informed was the stomach of the deceased, Mrs. Green, and its contents, about the 26th or 28th of September last; part of it had the appearance of undigested food; there were also some of the intestines. The undigested contents of the stomach were in a jar, closed with a cork.

The stomach itself was in another similar jar, and the intestines in a third. They were all closed with corks. I made an analysis of the contents of the stomach. In this I was assisted by my brother-in-law, Mr. Butler. By following the process of Professor s, of Brussels, I discovered what I was convinced was strychnine. (The doctor here minutely described the process to which he alluded) Suspecting the presence of an alkaloid in the contents of the stomach, I began by adding to a portion of these contents twice its weight of pure and very strong alcohol. I added afterwards 12 to 20 grains of tartaric acid, and introduced the mixture into a flask, and heated it to 150 deg. After it had completely cooled, I filtered it, washed the insoluble residue with strong alcohol, and evaporated the filtered liquid in vacuo. I then dissolved the residue in the smallest possible quantity of water, and introduced the solution into a small test tube, and added little by little of bicarbonate of soda, until the effervescence of carbonic acid ceased. I then agitated the whole with four or five times its bulk of pure ether, and left it to settle. When the ether, swimming on the top, was perfectly clear, the last step consisted in decanting it in a very dry place for spontaneous evaporation.

The evaporation of the ethereal solution left a milky-looking watery fluid, and this was evaporated to perfect dryness. Alcohol was added, which re-dissolved it. The spontaneous evaporation of the alcohol left a residuum of a yellow color, containing *minute crystals*, much contaminated with animal matter. Distilled water was now added, and the crystals washed. The water dissolved the coloring matter, &c., leaving the crystals in a state of purity. I then subjected the crystals to three different tests. I removed several of the crystals upon the point of a penknife, and dropped upon them a few drops of nitric acid. The result was the production of a lemon yellow color. I did not consider this test as entirely characteristic; but proceeded to remove other crystals as before. Upon these I dropped a little sulphuric acid, and added a little of the red prussiate of potash. On stirring this with a glass rod, a magnificent purple color was developed of considerable permanence, and very intense. This gradually passed to a crimson red, then to a scarlet red, which remained permanent for a number of hours. This last test is the one suggested by Dr. E. Davy, of Dublin, and is regarded as characteristic of the presence of strychnine. I treated another portion of the crystals with sulphuric acid, to which was added a drop of a solution of the yellow chromate of potash. In this solution the purple color was equally distinct, but not intense as was produced before, and was evanescent, the purple passing off rapidly, and being succeeded by a lilac color. These tests were made before the Coroner's inquest was held. I have since that time submitted them to other tests. I have examined them under a microscope of high power. By its aid I could perceive that when magnified to eight hundred diameters, they presented the appearance of four sided prisms, that being the form under which strychnine crystalizes. The liquid which drained from the crystals was intensely bitter. The capsule was placed und [illegible] mp.

The other substances were treated in the same way until I obtained the residuum from the evaporation of ether. The etherial residue, from containing a great deal of animal and coloring matter, would not yield the crystals. It was necessary to use further means to purify the alkaloid. The etherial residue was accordingly treated with dilute sulphuric acid, which would dissolve an alkaloid if present, forming a sulphate solution in water. Part of the coloring matter was thus left behind, and the solution was filtered. To the filtering solution of the sulphate was added pure carbonate of potassa. (Here the results of the analysis—crystals and precipitates—were brought into Court.) After neutralization with potassa; the mixture was introduced into a test tube, strong alcohol added. and the whole agitated. The alcohol was then poured off, and this was continued several times. until the alkaloid set free by the carbonate of potassa, was presumed to be dissolved by the alcohol. A sufficient amount of the carbonate of potassa was added to the sulphate to prevent mixture. This solution was evaporated, and gave a residue still colored, but which I rendered sufficiently pure by washing to enable me to apply the before mentioned tests, two of which, the tests of Davy and Laforte, are regarded as characteristic.

In one case, the washings of alcoholic residuum, after standing a number of days, formed a precipitate which I collected on this small filter, (shows filter,) and to this participate, which was not soluble in water, I applied the tests of Davy and Laforte. The tests acted characteristically. I also applied a further test, recommended in Soubeiran's Pharmacy. To the suspected substance, I added a drop of sulphuric acid. containing from one to five per cent of nitric acid. This was mixed with a glass rod. A minute portion of deutoxide of lead was added; and on mixing these, the same magnificent purple color, of great intensity, was insantly produced, shading away to lilac, red, &c, and more rapidly than in the cases of Davy's test.

The contents of this filter were then submitted to a microscope of a magnifying power of 800 and 1100 diameters. Under the latter, sides and angles showing crystaline forms were clearly discernable. In one of these crystals, I could discern a square figure which I presumed to be the base of a square based octohedron, and in which form, strychnine may crystalize. The portions submitted to the microscopes were treated with a drop of acid solution, in which they were dissolved. On the spontaneous evaporation of this acid solution, fine radiating crystals were produced, of different forms from those exhibited formerly, proving salt formed which is characteristic of vegetable alkalies. I have examined the stomach but have not succeeded in obtaining absolute conviction in regard to the existence of strychnine in the tissue of the stomach. (Exhibits capsules.) The quantity of crystals that I originally prodúced was sufficient to enable me to apply the three tests that I have mentioned.

The doctor here performed a variety of experiments before the jury, showing them the manner in which he had detected the presence of strychnine in the contents ot the stomach. He places on the bottom of a small saucer, a portion of the precipitate collected from the filter. Adds one drop oil of vitrol. Mixes with a glass rod. Adds portion of red prussiate of potash in powder. It changes to a black or purple color. Mixes with a glass rod. Color changes from a crimson to a scarlet red. This is Davy's test.—Laforte's is by the yellow chromate of potash. Detaches crystal from the glass capsule, places it on the saucer. This test is very rapid. The color appears and instantly vanishes. I will use the same test applied to a precipitate. (Test successful.) Have no doubt as to the substance found in the stomach; believe it to be strychnine. It produces death from exciting convulsions, more particularly spasms of the muscles of respiration. Probably through its action on the spinal cord. Cant say whether it has an effect on the coats of the stomach or not. It is absorbed more or less rapidly according to the manner of administration, whether as a solid or in solution. It passes into the circulation. Its effects are the same when injected into a vein, as when taken internally. The portion that was active in producing death, might have been removed from the stomach by absorption. A person could not live many hours after taking a poisonous dose of strychnine. The question, what quantity of strychnine would produce death can only be answered conditionally. It depends on age, sex, sleep, fullness or emptiness of the stomach, and other circumstances. A half grain of the sulphate of strychnine is the smallest dose that I have ever known to produce death. This was the case of Dr. Watson, who died in fourteen minutes. In other cases, death has ensued in an hour and a half from taking three fourths of a grain. There are some external appearances which all physicians agree, are indicative of death by strychnine. Among these effects are rigidity, stillness, locking of the jaws. The blood becomes black. This is also the result of asphyxia, or of stragulation. Discoloration of the eyelids and protrusion of the tongue, would be indications of death from asphyxia, whether from strangulation or any other cause. All these appearances might exist without the adminstration of strychnine. I would consider strychnine the cause of death, if found in the stomach.

The mass as brought to me was of a brick-red color. Bread, cheese, and tomatoes were found in it. It was a pastry mass, weighing probably two and a half or three oz. of solid matter. A healthy man might have digested such a supper as Mrs. Green ate, in 4 or 6 hours. Strychnine in a medicinal dose, assists digestion. (Exhibits the two papers given to him by Dr. Bird.) One of these is marked "Quinine, 4 portions ?" I think I added the interrogation point myself. This paper contains 2½ or 3 grains, in powder—about a medicinal dose. I tested it by the new mode; the polarization of light. The other paper, marked Poison, in ink, I tested as before stated, and found it to be a heterogeneous mixture, apparently an adulterated specimen of strychnine. Brucine is almost always present in commercial strychnine. There are two kinds of strychnine known to druggists, the powdered and the crystals. This had the appearance of being composed of strychnine reduced to powder, and some other substance mixed with it. These are the papers I received from Dr. Bird. I have used about one-sixth of the quantity that I received, in experimenting and analyzing. The first taste of strychnine is extremely bitter; there is a second, indescribable, metallic taste, at the back of the throat, easily distinguishee by the experts. This taste would be produced in every case where strychnine had been swallowed to the extent of ¼th of a grain. The first taste of strychnine is somewhat like the bitter of hops. This taste might be disguised in ale or porter; but the second back taste cannot thus be disguised.

I always administer strychnine in solution. I used to mix it with starch in powder. I have never directed a patient to procure strychnine for himself, and will never do so. When I first got the stomach &c. from Dr. Bird, I placed them in a cupboard which I kept locked, and never eft the key out of my possession. I was careful to place all the articles in peculiar positions, so that I could easily tell if they had been moved. When I took them to the Medical College, I observed the same precautions, and in addition kept them under seal. The door of the cupboard, the windows, and the door of the room were all sealed with two seals each. The seals remained unbroken, except in one instance where one seal on a door became loose, though the other seal on the same door remained unbroken. No one except Mr. Butler had access to this room. Except the man who made the fires in my presence, no one else entered the room.

Death from cholera would not produce any of the appearances that have been described in the case of Mrs. Green, except discoloration. The contraction of the muscles of the extremities might however have resulted from the cramps of cholera.

Cross examined—I stopped giving strychnine in powder, because some of my patients did not observe my direction. One man, with whom I left one grain of strychine, divided into eight powders, took one, and finding that it produced no immediate apparent effect, took immediately the other seven. He nearly died, came too again. In the administration of strychnine as a medicine, I always state what it is, and enjoin the utmost care in its use. Most of the powdered strychnine sold is adulterated; the crystals, not so much so. There is not near so much adulteration in drugs now, as formerly. The medical profession, and also the Pharmaceutical, have taken such strong grounds against the practice, that it has greatly abated. I chemically determined the presence of strychnine in the paper, marked, *poison*, but could not say what other substance it contained. [illegible] not more adulterated than the commercial strychnine usually is. Dr. Bird brought most of the article to me at one time. My investigations would have been the same, had I not suspected the existence of strychnine. I first looked for an alkaloid in the stomach. Subsequent tests were used to discover strychnine. At the Coroner's inquest my attention was directed to a class of poisons that would produce death without vomiting. The post mortem examination did not suggest arsenic to my mind. The finding of the papers directed my attention to the propriety of searching for a vegetable alkali, although I would have done so had I not found these papers. I have read of a case where a dose of strychnine of a grain, twice a day. has been taken without fatal effects. The quantity which I took from the stomach was *probably* 1-20 of a grain. I have good reason to suppose there was more in the stomach; think I could swear so. I could not have got the whole quantity. Could not swear positively that there was 1-15 of a grain. The appearance of a body after death, caused by strychnine, would vary, owing to various circumstances. No definite conclusion could be arrived at as to the time the strychnine had been in the stomach.

Here the Court took a recess.

AFTERNOON SESSION.

Dr. Blaney cross-examined by defence—For intermittent fever, I should consider ⅛ of a grain to an adult male, two or three times a day, a dose; to an adult female a somewhat smaller dose. I cannot state what were the causes of Mrs. Green's death, from the post mortem examination, further than a high probability that the deceased died of asphyxia; I could not swear as to the cause of her death; leaving out of view my discovery of strychnine in the stomach, I would not swear, from the post mortem examination that deceased came to her death from other than natural causes—stating at the same time the high probability that she died of asphyxia.

Q.—Would the existence of 1-15 of a grain of strychnine in the stomach of a deceased person, would that fact alone, authorize you to state that she died from the effect of that strychnine?

A.—No, sir; I consider I cannot swear positively to that which I do not absolutely know.

Q.—Those tests of strychnine by you may be classed under "taste, color, and form" under the microscope?

A.—Yes, sir. Strychnine does not always present the same form of chrystalization when produced under different circumstances, but it is a very common thing for substances to crystalize in *compatible* forms; I have never been able to measure the angle of the chrystals found. The form of chrystals, when taken by themselves, is not sufficient to base an opinion; no one test by itself is sufficient to establish the conclusion; an accumulation of probabilities is all chemists ever claim, though we have a moral certainty; do not consider the forms of the chrystals in this case as establishing the presence of strychnine; should regard the "bitter taste" of the substance analyzed in this case the weakest test of all; in this case I mainly rely upon the tests of color; my chrystals were broken, and I could not measure the angles, else I might have arrived nearer to absolute certainty.

Q.—Independent of the tests of color, would you swear to the presence of strychnine?

A.—No. The number of alkaloids is numerous; many not yet discovered, without doubt; "alkaloid" and "vegetable alkali" is the same thing; morphia, brucia, strychnia, narcia, quinia, are all alkaloids; there are various others; all these are of the same class; strychnine, quinia and morphia have the property in common of forming salts with acids, and are derivable from vegetable substances, all bitter, all white when pure in powder or chrystal: carbon, hydrogen, oxygen, and nitrogen, are the elements of all these; all these elements are found in the stomach of the human body.

Q.—How recently have discoveries of a vegetable alkali been made?

A.—We scarcely receive three or four medical journals without learning of a new alkaloid; these tests of color are characteristic of strychnine, but it is not yet established that there may be no alkaloids of which they are not also characteristic· But they are characteristic of no alkaloids now known save strychnine

Q.—Would you have been better satisfied in this case if you could have made more extensive researches?

A.—I would have been glad to have made more researches, to ascertain if there be a vegetable alkali in the *tomato* found in her stomach. *I could not swear that there was not a vegetable alkali in tomato.*

Q.—Are not tests once believed to have yielded certain results, sometimes found to have been erroneous?

A.—Yes; positive tests forever remain, but there are tests that prove unreliable.

Q.—If you should discover any other substance which would respond to the tests used, would it not be necessary to look for further tests?

A.—We should use the same tests, but look further for tests to distinguish between them.

In Nature the variety of substances are infinite; in the laboratory of nature, there are substances all around that produce these colors of which I have spoken in my report of this investigation; there are a great variety of substances, the combinations of which would produce the colors alluded to.

Q—Is Orfila considered as a high authority in medical science?

Ans—He stands among the first.

Q—Do you remember of any trial where a chemical analysis by Orfila proved erroneous?

Ans—I remember reading a case some eight years since in which some errors of analysis were found because of an insufficient quantity of material being submitted to examination.

The tests of color to which I have referred in my examination were first brought to my notice in 1853: Davy's test is the most recent; Lafortes was known before, so was the test by peroxide of lead; until within five or six years the distinctive characteristics of strychnine were upon taste, chrystalline form, &c. The process through which I passed in the examination of this case was tedious, but not complicated. The great care I used in my investigation was to prevent the possibility of the introduction of any substance containing the slightest presence of alkaloids; I did this that the prisoner might not unjustly suffer from a mistake of the chemist; without extraordinary precautions there would be danger of error; this is the first case where I have used the same process in the manner detailed now.

Direct resumed—My reasons for declaring that I believe the amount of strychnine found by me in the stomach of deceased was not the whole quantity taken, are several: all the contents were not submitted to analysis; it is supposed from the length of time believed to have intervened between taking the strychnine and death, that a portion of the strychnine must have been absorbed from the stomach before death—In a stomach that was full the amount of absorption would be less because of the dilatation, &c. I have never known strychnine administered for cholera or cholera morbus.

Q—Taking into consideration the post mortem examination, the fact that strychnine found in the stomach, and that corresponding poison was discovered in the house where Mrs. Green died, what is your opinion as a medical man of the cause of her death?

Question objected to.

Q—Taking into consideration the post mortem examination as detailed by the witnesses, the fact that strychnine was found in stomach, and that the corresponding poison was discovered in the house where Mrs. Green died, what is your opinion as a medical man of the cause of her death.

Question objected to by defence. .Objection overruled. Counsel for defence except to the ruling of the court.

Ans—A high probability that she came to her death from the effects of strychnine.

Q—Are or are not medical men usually satisfied that death was caused by poison unless presence of poison is detected in the system by chemical analysis?

Objected to and objection sustained.

Q—Do medical men generally form opinions in relation to death by poison unless they have detected the presence of poison in the system?

Objected to and objection sustained.

Q—Would you be satisfied death was occasioned by poison unless on chemical analysis poison was found in the system?

A—Cases would be exceedingly rare; I consider a chemical analysis the most satisfactory test; taking all the tests I have resorted to in this case, I have no doubt death was caused by strychnine: There is no proof that strychnine is an irritant—it is a vegetable poison; brucia and strychnine are both extracted from the nux vomica, they are known as alkaloids; the irritant properties of nux vomica lie in other substances contained in it rather than strychnine; there has never been discovered a poison possessing precisely the same chemical properties as strychnine; in this investigation I have applied all the tests known to chemists, as far as my knowledge extends, except the measurement of the corners of the angles, which I was prevented from doing by the crystals being broken.

Q—Is there more difficulty in detecting the presence of strychnine than of other poisons?

A—It is much more difficult to detect the presence of vegetable than of mineral poisons; carbon, hydrogen, oxygen and nitrogen, are the constituents of the alkalies; the most active medicinal substances contain all four elements—strychnine contains all four.

Q—Do each of the chemical tests applied by you give distinct, independent and corroborative evidence of the presence of strychnine.

Objected to and sustained. (The objection was subsequently withdrawn.)

A—The tests except those of color were corroborative without being distinctive.

Q—Is there any other substance known to chemical science which gives the same color as strychnine does, on the application of either of the tests you applied?

A—None to my knowledge. Taylor on poisons is a work of high character in our profession; Orfila and Chitty (upon law) are also good authorities.

B. F. Butler called—I assisted Dr. Blaney in the investigations he has detailed here; I had access to the analysis and saw that every precaution was taken; while I was in the building all the doors were locked; the door of the room in which the analysis was carried on was locked on the inside, and I had the key.

Dr. Freer called—I assisted in the post mortem examination of Mrs Green; am demonstrator of anatomy in Rush Medical College; I noticed the general appearance of Mrs. G.; noticed a discoloration that is exceedingly common in dead bodies at that period; the eyelids were distended, and there was a general puffiness of the body: the brain, lungs and heart were healthy; the heart was very empty, as were the large vessels near; it is seldom we can examine those organs in the living body; suppose my experience is rather extensive; I saw no indications of cholera; if strychnine has been discovered in the stomach I should hesitate to ascribe death to strychnine: strychnine may have been given by medical men and might be found in the stomach.

BOOK NOTICES.

Transactions of the American Medical Association, Vol. VII.

In a previous No. of the *Journal*, we acknowledged the receipt of this volume, and promised a more extended notice of its contents.

The address of Dr. Parsons is short, but appropriate to the occasion. It alludes to the future of the Mississippi Valley as the grand theatre of human progress, and thus remarks:

> And in no department of human affairs is progress here more sure than in medical knowledge. Our Atlantic States have inherited a reverence for European opinions, which, although commendable in our early medical history, is at the present day less favorable to American progress and discovery in medicine. We need to interrogate nature and experience more, and European opinions less. We need mental as well as political independence, a freer swing of thought and purpose that characterizes our brethren of the West, and which this Association is adapted to call into action.
>
> There is much to encourage you in your recent discoveries and contributions, in the results of the vivisections of saurians, the half of which, if confirmed by future experiments, will shed new light on physiology; and again, in the discoveries made relating to the process of digestion by your late lamented Beaumont, of St. Louis, who, for the theories and speculations before prevailing, has substituted ocular demonstration of the modus operandi of that wonderful process, by submitting to it the various articles of human aliment, and determining the length of time required for converting each into healthful chyme; and again, in the successful labors of Drake in traveling from State to State throughout the valley, collecting the history and character of its epidemics by personal inquiry and observation. Others of your venerated dead might be mentioned, who have pursued a like independent course untrammeled by European authorities. Of their immediate successors who now stand at the head of their profession, it
> ld ill become me to speak, seeing that some of them are pre-
> nd unused to such freedom of remark But to the junior

members of the profession we would say, 'Unite with us—follow the example of the distinguished pioneers I have named, and of Caldwell and Harrison, who have gone to their reward; throw the results of your labors into the common stock of medical knowledge accumulated by this Association, where rest assured that they will be duly appreciated to the common benefit of the profession, and of mankind, and redound eventually to your everlasting honor and professional fame.''

These paragraphs are suggestive of the duty which western physicians owe to the profession and to themselves. It is here in the great central region of the continent that the national character is to be developed, that American literature is to assume its distinctive features, and scientific research be directed to specific objects! This is no vain boast. The unparalleled growth of the past clearly indicates it, the physical geography of the region makes it certain The Mississippi river, extending from the gulf to the extreme north, with its tributaries, embracing the Alleghany and the Rocky Mountains, is a huge giant, folding in its arms the wide prairies teeming with the most luxuriant vegetation, the fairest maiden that the rays of the sun have ever warmed into life and beauty. From the Alleghany to the Rocky Mountains, the whole country is a unit; although vast in extent, the facilities for communication even now are easy and abundant, and will be still more so. This fact, in connection with the natural resources of the country, must develope here the highest American civilization and the truest and noblest progress in science; and to our hands, as Western physicians, are committed, in a great measure, at least those influences which, though now feeble, must ultimately give character to the American Medical profession. While we acknowledge this responsibility, and regret that we are so poorly prepared to meet it, we point with pride to what has been done for the advancement of our science, even in the infancy of our professional life, and hail it as an earnest of what shall be accomplished in the strength of our manhood.

The next paper is the report of the committee on medical education, furnished by Dr. J. L. Cabell, the chairman. The committee in this report have confined their attention to such measures, prospective or established, in reference to medical education, and the reputable standing of the profession as they have deemed worthy of special consideration, and which are embodied in the following resolutions:

1. *Resolved*, That the views and recommendations heretofore expressed by this Association, respecting the importance of establishing a uniform standard of preliminary education, of extending the terms of lectures, and especially of greatly elevating the standard of professional attainments requisite to graduation, be hereby reaffirmed.

2. *Resolved*, That this Association approves and recommends the practice of daily examinations by each professor, as essential for securing "that active, practical discipline" of the mind which is one of the most important ends of collegiate instruction; and believes, not only that such a system might be easily put into operation, under an extension of the terms of lectures, but that the whole ground-work of elementary medical instruction might be most aduahtageously assigned to the schools which may adopt that system, as a substitute for the very faulty one of private office instruction now in common use.

3, *Resolved*, That this Association cordially approves of the establishment of "private schools" duly organized for giving that species of instruction which consists "in demonstrations" and other practical exercises "on the part of the student, instead of the instructor, but still under his direction and superintendence," embracing the whole circle of clinical observation and practice, the use of the microscope, chemical manipulations, and the performance of surgical operations on the dead body; and would earnestly recommend such institutions to the patronage of those graduates who did not enjoy similar advantages during the period of their collegiate pupilage.

4. *Resolved*, That those medical colleges whose curriculum does not now include full courses of lectures on physiology and medical jurisprudence, be earnestly invited to make immediate provision for supplying the deficiency, and to require the professor of physiology to make an exposition of the outlines of comparative anatomy, to such extent, at least, as may be necessary to enable the student to appreciate the force of the evidence upon which the modern doctrines of physiology mainly rest.

5. *Resolved*, That to insure the efficient and beneficial operation of the proposed measures of reform, the Association considers it essential that some uniform system of examining candidates for admission into the ranks of the medical profession, *in addition to the collegiate examinations for degrees*, should be adopted in all the States of the Union.

6. *Resolved*, That the Association regards as auspicious omens

of future progress the already improved character of our medical literature, and the evidence of an increasing desire, on the part of a respectable number of medical students, for a higher grade of professional education, as exhibited in the patronage extended to extra-collegiate organizations for practical teaching; and that, in view of such encouraging signs, it cherishes an abiding conviction that more thorough and general reforms will be ultimately, though gradually, accomplished.

In reference to the first resolution the convention held at Philadelphia in May, 1847, adopted the following standard as one which might reasonably be expected of every young man who should apply to be received as a student of medicine, "a good English education; a knowledge of natural philosophy, and the elementary mathematical sciences, including geometry and algebra, and such an acquaintance at least with the Latin and Greek languages, as will enable the student to appreciate the technical language of medicine, and read and write prescriptions."

This is certainly a reasonable requisition, but we cannot hope in the present condition of the profession that it will universally or even generally be adopted We cannot expect that physicians will require a higher standard of their pupils so far as preliminary education is concerned, than that to which they themselves have attained. The standard of professional knowledge and ability in the other professions, is regulated by the demands of the public. Such ought to be the case in medicine, and such would be were it not so difficult for the public to judge of the real capacities and attainments of the physicians. The advantages of a thorough course of mental training, combining the study of the languages of science with the severer discipline of the mathematics, as preparations to professional study can hardly be appreciated by those who have not enjoyed in them. Why, then, have not our colleges whose faculties may be supposed to understand these matters, placed the proper sentinels at the entrance of our threshold, thereby preventing the sacredness of our temple from being profaned by disgraceful ignorance? It might require a sacrifice; it probably would for a season, but the honor of a noble profession and the interests of humanity are at stake.

We would not be understood as acknowledging that medical men in this country are lacking in natural ability, or even in independence of thought. On the contrary we are perfectly certain that the ranks of our profession are constantly being filled up by young men of superior qualifications, many of whom in time, notwithstanding the deficiency of their preparatory studies, attain to an honorable distinction among us, for their cultivation of the science and their skill in the art of medicine. But as a body we are not what we should be—not what we are capable of being. The recommendations of the American Medical Association so far, have been almost a nullity, and for the simple reason, as we believe, that public opinion both in and out of the professional ranks, has not yet raised the standard of attainment by which, as physicians, we are to be tried and judged.

In view of the little that has been done towards correcting this evil, the committee enquire—

> Is there, then, no remedy for an evil which has done so much to dishonor a profession once noted for the profound and varied learning of its members? Your committee are of opinion that it would be premature to come to so discouraging a conclusion. They do not yet abandon the position which was ably sustained by the late Dr. Parrish, in a report made to the Philadelphia Convention, that "the influence of combined and harmonious action, directed to a special object, by the great body of the profession, is a power more potent than that exercised by legislatures, or by the corporations they may create." The operation of such an influence is, however slow, and we should not be impatient if ample results are not rapidly attained. One of the instrumentalities through which it operates is gradually being brought to bear upon the solution of the difficulties which thwart the attempts that have hitherto been made to introduce this and other measures of medical reform. We allude to the organization of State and County Medical Societies, the manifold usages of which agencies are too obvious to require exposition.

The question of the propriety of lengthening the term of lectures in our colleges is discussed at length by the committee. This involves the question of teaching by private instruction mainly, or in the college and hospital. We cannot forbear quoting that portion of report relating especially to this subject. After alluding to the recommendation of the association at previous meeting, that the lecture term be increased to six months instead of four, they say:

> A few of the schools promptly complied with this recommendation, but a part of them, as we are informed, have since it found it expedient to abandon the experiment, and to resume their former practice. This fact illustrates the difficulty attending every attempt to carry out any very decided measure of reform, on the part of a few of the schools, while the majority refuse to co-operate. Unfortunately, there exists a difference of opinion as to the advantages of the proposed extension of the term. It will be remembered that the Medical Faculty of Harvard University, presented to the Association. at its second annual meeting, held in Boston in 1849, a formal defense and advocacy of the four month's course, in preference to a more extended term. The faculty of the Medical Department of Pennsylvania Colleges. in replying to a circular of the Committee on Medical Education for the same year, appear to have taken a similar view. They assume that the "American System" of medical education consists in the instruction derived from "private preceptorship mainly," with the college and hospital as its complement;" and argue that "either we should labor to perfect that system according to its idea, or we should abandon it for another as radically wrong. Any attempt to alter or amend it, according to an essentially distinct plan, will prove a ruinous patching" They further express the "fear that the recent so-called reform agitation tends to loosen the connection of the preceptor with his pupil, and to lessen his responsibility without adequately supplying the loss;" and contend that "such must be the effect of any considerable increase in the course of lectures." The Committee do not deny that there is some plausibility in this view of the subject, and that some of the arguments advanced have force in their application to the prevalent system of medical education in this country; but they are far from acquiescing in the conclusion that no reform in this respect is needed. They would rather adopt the alternative presented in the argument last cited, and conclude a system which regards the plan for instruction by public lectures "as subordinate and subsidiary" to private instruction, "as radically wrong." This system takes it for granted that even the first-course students have "read" with a private teacher, prior to their attendance on lectures. But when it is borne in mind that the fundamental branches of medical science, on which the whole superstructure of medical education must rest, are precisely those which require, for their proper and successful exposition, the use of such appliances of demonstration as can be supplied by public institutions alone, it will be admitted that such preparatory "reading" is not always advantageous, and may be

are termed "college clinics." But even where no other impediment hinders the students from visiting the hospitals daily, those who attend six lectures each day in the college, and are also engaged in the study of practical anatomy in the dissecting room, can find little time or disposition for such clinical observations as will be of any value to them. Hence, it is only the small minority who remain in the city during the summer and autumn that truly derive any profit from the facilities for clinical observation which the city hospitals may afford.

'We have almost invariably found that, among even this class of students, only those who have previously graduated can be induced to read, in connection with their clinical observations, the class of books which constitute the elucidators of disease. The undergraduates feel themselves constrained, by the prospect of a coming examination, to confine their reading mainly to the elementary text-books. In view of such facts, your Committee express their hearty concurrence in the position taken by Dr. Pitcher, in his report, and indorsed by the vote of the Association,—"That a familiar knowledge of the elements of medical science should precede clinical instruction." This course is practically adopted by a large number of the better class of medical students, who pursue clinical studies for a period of from one to three years after graduation, either in the hospitals of our own cities, or partly here and partly in Europe. Having dissolved their connection with the schools, in which elementary instruction alone can be adequately given, and in which the second-course students pursue precisely the same studies as those who are attending lectures for the first time, they properly lay aside elementary books, and substitute, in addition to systematic "Clinical Guides," the published records of the clinical observations of those careful and reliable observers who have done so much towards giving precision and certainty to modern pathological doctrines, by authenticating the data upon which they are based, and clearing away the immense rubbish of "false facts" which, as much as aught else, had retarded the progress of medicine as a positive science. By the aid of such accurate clinical reports, carefully studied in connection with the actual observations of cases at the bedside, the intelligent and earnest pupil may add to his own personal experience that of all the eminent clinical reporters whose works he may read. The descriptions there given of the daily progress of the symptoms, and the effects of remedies, can scarcely be appreciated without the aid derived from an examination of cases of the actual disease; but with this aid, that familiar law of our mental organization in accordance with which vividness is imparted to our conceptions by being associated with sensible objects, is brought into operation, and the reported cases rise before the mental vision with the clearness and tinctness of reality.

tary principles of the medical sciences. In this view of the subject, the Committee are inclined to believe that very great advantage would result from an extension of the course of lectures to even a longer term than that heretofore recommended by the Association. In addition to the very obvious evil of crowding six or seven lectures into the compass of a single day, another striking objection to the present system lies in the fact that the practical branches of medical science are of necessity unfolded to the student before he has had an opportunity of becoming acquainted with the elementary principles upon which they are mainly based. For example, his attention is directed to, and his mind bewildered with, an intricate account of the causes and varieties of convulsive diseases, before he has obtained any useful degree of knowledge of the anatomy and physiology of the nervous system, upon which the prevalent doctrines as to the pathology and rational therapeutical indications of such diseases entirely rest. If the term of lectures were extended, it would be possible to diminish the number of lectures for each day, and to make such a distribution of the several branches as would insure an opportunity for the thorough study of the anatomy and physiology of every organ, before the attention of the student should be directed to its pathological states, while several hours would be appropriated to private reading and reflection. and to the practical study of anatomy by means of dissections by daylight.

Regarding, then, "the American System" of medical education by "private preceptorship mainly," at least as that system is carried out in the rural districts, and consequently, for a large majority of American students, "as radically wrong," your Committee would advocate the substitution of a plan which would bring the whole circle of elementary medical education within the province of the schools."

We have only space to refer to that part of the report in which the value of clinical instruction is discussed. We extract it entire:

"4. The profession objects, with much reason, to the entire neglect or very imperfect use of clinical instruction in many of the medical colleges of the United States. As respects some of these institutions, the defect is irremediable, owing to their location in villages too small to furnish subjects for hospital practice. And in some of our larger cities, the seats of the oldest medical colleges in the Union, the hospitals are either entirely inaccessible to the student, or are opened to him under such restrictions as to make it a privilege of little value In such cases, the schools have been driven to the necessity of finding a substitute in what injurious. A medical student, reading in the office of a physician residing in a rural district, cannot enjoy the advantage of studying practical anatomy. Hence, most of his reading is on the subjects of practical medicine and surgery, in which he forms the most vague and erroneous notions with regard to the structure and laws of action of the organs, the diseases of which he is studying; and such notions do not always easily give place to the simple truth, when this is subsequently presented. In cities and the larger towns, the case is admitted to be often different. There, the pupils may have access to hospitals and dissecting rooms, and there, too. organized voluntary associations f private teachers supersede, almost wholly, the old system of instruction by a single teacher. Such associations are, however, medical schools in all but the name, and thus do not, in point of fact, constitute a real exception to the principle on which we would insist. Not being entitled to confer the diploma, and basing their claims on the confidence and patronage of the more aspiring students, or the thoroughness of the instruction they offer, many of them give a more full, and especially a more practical course than is required in the regularly incorporated medical colleges. Such private schools are admitted to be most valuable auxiliaries in the cause of medical education, and are entitled, in the opinion of the Committee, to an encouraging notice from the Association. It would, however, be wise, in view both of a judicious economy, and of the likelihood of thereby insuring the largest amount of practical benefit from the educational instrumentalities at the command of the American medical student, to assign to these auxiliary organizations such work only as cannot be adequately performed by the incorporated schools with larger classes.—"such as demonstrations on the part of the student, instead of the instructor, but still under his superintendence and direction;" the actual performance of surgical operations on the dead body; chemical manipulations; the use of the microscope; and clinical instruction, truly so called, which is the study of diseases at the bedside, cases being watched from commencement to end, with special attention to the use of the physical means of diagnosis in diseases of the lungs and heart. Such instruction as this is of inestimable importance. It cannot be given by lectures alone. The student must practice for himself, under the supervision and direction of a competent teacher; and only a class of limited number can receive adequate attention from one instructor. Such instruction should, therefore, be the appropriate work of a corps of teachers auxiliary to the public schools. From its very nature it can be profitable only to advanced students. In the opinion of your Committee, it should follow, rather than precede or accompany, the instruction imparted in the public schools. The tter should consist mainly in a didactic exposition of the elemen-

"In immediate connection with this topic, the Committee would again invite the attention of the Association to the importance of other branches of medical science which may be studied practically. We may specify practical chemistry, the use of the microscope as an instrument of research, and as furnishing data upon which a differential diagnosis may be based, practical midwifery, and operative surgery. It is a fact which may well elicit our mutual congratulation, that efficient instrumentalities for thorough practical instruction in all these branches, are being brought into operation in various parts ot the Union. The advertisement of "the New York Preparatory School of Medicine" is now before us. Such associations, if they fulfill their promise, will deserve the encouragement of the profession. We think, however, that the use of the term "preparatory" may mislead the public, to the detriment, perhaps, of these auxiliayr schools. All instruction received by a pupil is preparatory to the great business of life; but in no sense can such instruction as these schools propose to give, be considered preparatory for that of the incorporated schools. The latter is elementary, and should precede the practical. We shall presently consider, under another head, the objection that may be raised on the score of the difficulty of inducing many students to apply for such instruction, after having received the diploma which entitles them to practice medicine and surgery."

EDITORIAL.

Small Pox.—During the first week in January, cases of small pox occurred in our city, in such numbers, and simultaneously in so many different localities, and among so many classes of people, as to leave but little doubt that they depended, in part at least, on a true epidemic influence. And judging from the character of the cases which occurred in those not protected in any degree by vaccination, we think that without the influence of the latter on the great mass of the people, we should be to-day in the midst of as loathsome a pestilence as ever afflicted the cities of Europe during the middle ages. It was this disease which caused the death of the two medical students, whose early departure from the scenes of life, is appropriately noticed in the preamble and resolutions which follow.

The extent of its prevalence, will be more fully noticed in our next number.

Obituary Notice—

At a meeting of the students of Rush Medical College, held January 25th, 1855, L. H. Kennedy, M. Davis, James L. Suddeth, John McHugh, and W. B. Cooper, who had been previously appointed a committee to draft suitable resolutions relative to the death of M. A. Warson, and G. C. Hughes, reported the following preamble and resolutions, which were unanimously adopted:

Whereas it has pleased Almighty God, in His wise Providence, to remove from our midst, our worthy and highly esteemed friends and class-mates, M. A. Warson, and G. C. Hughes. Therefore,

Resolved, That we deeply feel the loss of our deceased class mates who. by their upright moral conduct, and gentlemanly deportment, had endeared them to all with whom they were associated.

Resolved, That in their death, this class is deprived of two worthy members, the profession of devoted students, who, had life been prolonged, bid fair to become honorable members of the profession they had chosen.

Resolved, That we deeply sympathize with their relatives in their bereavement, and while we mourn their loss, may we be reminded that we, too, are travelling to that "land of deepest shade unpierced by human thought."

Resolved, That the thanks of this class be tendered to their room mates, for the untiring attention they bestowed during the affliction of our deceased friends.

Resolved, That we hereby tender our thanks to Professors Davis and Freer, for their constant attention during the illness of our deceased class-mates, and deep solicitude for their welfare, also for their presence and kind assistance at their funeral.

Resolved, That these resolutions be published in the North Western Medical and Surgical *Journal*, and the Chicago Daily *Journal*, and that a copy of the same be sent to their relatives.

C. GOODBRAKE, Chairman.

R. S. HITT, Sec.

* * *

To Readers.—The valuable contribution of Dr. Williams, and the Medical testimony in the case of Green, filled so much more space than we expected, that several articles are crowded out.

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MEDICAL AND SURGICAL JOURNAL.

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VOL. IV. MARCH, 1855. NO. 3.

ORIGINAL COMMUNICATIONS.

ART I.—*A Lecture on the Effects of Alcoholic Drinks on the Human System, and the duties of Medical Men in relation thereto.* Delivered in the lecture room of Rush Medical College on Christmas day, (Dec. 25th, 1854), in compliance with the request of the class attending the college. By N. S. DAVIS, M. D., Prof. of Pathology and Practical Medicine, &c. &c.*

GENTLEMEN:—The very short time which has elapsed since the reception of your kind invitation to address you on the present occasion, has precluded the possibility of reducing the facts and sentiments I am about to utter to writing, and hence you must be content to receive them as they occur spontaneously, without any of the pleasing influence of well studied rhetoric. The present occasion is one peculiarly appropriate for the consideration of the subject which is to engage our attention.

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* Rush Medical College, Dec. 28, 1854.

PROF. N. S. DAVIS.

DEAR SIR—The undersigned Committee have been appointed by the Class of the Rush Medical College to return thanks to you for the able and interesting Address delivered before the Class on Christmas Day, and to request a copy of the same for publication.

H. C. CLAPP,
A. C. BUFFUM,
W. A. GORDON, } Committee,
M. R. CHADWICK,
W. H. HELLER,

A. C. BUFFUM, Secretary. Dr. J. FORD, Chairman.

MESSRS. H. C. CLAPP, AND OTHERS OF THE COMMITTEE.

The Lecture to which you allude in your kind note, this day received, was and is unwritten. But, in compliance with your request, I will furnish it for publication as soon as other pressing engagements will permit me to write it out.

With much respect, yours truly,

Chicago, Dec. 29, 1854. N. S. DAVIS.

The day which calls to mind so vividly the remembrance of "Him who spake as never man spake," and whose earthly career was spent in "doing good," may well be devoted, in part at least, to a careful consideration of those evils which are daily and hourly adding to the sum of human misery and degradation. For, though we live in a land of plenty—a land blessed above all others with all the comforts and luxuries of life, yet it requires but little examination to find poverty, misery and crime in almost every town and hamlet, from St. Johns to the Rio Grande, and from the Atlantic to the Pacific. In our own State, with its broad and fertile prairies, yielding breadstuffs enough annually to feed a population numbering millions, every Poor-House is filled with paupers and every jail with criminals. And even in this city, at this hour, there are a thousand helpless mothers and children, deprived of property, deprived of reputation, deprived of education and every right which is dear and sacred to a rational being among a free people. Some of them are in the jail as degraded convicts, some in the Bridewell for petty offences, many in the Poor-house, some are begging cold victuals or gleaning chips and sticks from the docks and ship-yards, while others still are on beds of wasting sickness, or shrinking back in terror from visions of hellish fiends who come to torment their victims before entering into the dark domain of the future. If we inquire for the cause of so much actual misery, degradation and crime in the midst of circumstances so propitious, the answer is readily found in the *millions* of gallons of alcoholic drinks annually consumed in the United States. It is these drinks, which, like the little book in the Apocalypse, though sweet in the mouth and greedily consumed by the people, yet in their vitals become more bitter than wormwood, and like an unceasing fire consume, in their turn, their property, their morals, their health, and their happiness. But it is no part of my present purpose to discuss the general subject of intemperance, or to portray the influence of intoxicating drinks on the pecuniary, social, and moral interests of society. Everything relating to these topics are already too familiar, both to yourselves and the public.—here are, however, questions still connected with this subject hich require the most careful and serious investigation. The political economists have long since calculated the immense pecuniary losses resulting from the use of these drinks; the moralists have portrayed in startling but truthful language their terrible influence on the moral and social condition of man; but there remains two questions which still require a careful and thorough investigation. The first relates to the influence of alcoholic drinks on the human system in a state of health, and the second to their value and efficiency as agents for the preservation and treatment of disease. From the nature of the subject, it is evident that the duty of fully elucidating these questions devolves entirely on that profession, of which you are soon to become members. It is for the purpose of assuming my share of the responsibility of this investigation that I have consented to address you on the present occasion. Aside from the direct pecuniary interest of the dealer in intoxicating drinks, the only remaining stronghold which they have on the great mass of the people, rests on their supposed efficacy as agents for strengthening or invigorating the physical system, and thereby enabling the drinker to endure fatigue and exposure to the vicissitudes of temperature, as well as to the causes of epidemic diseases with much greater impunity. Comparatively a small proportion of those who use alcoholic drinks, do so without some special excuse or supposed necessity arising out of the circumstances which surround them. One resorts to them on account of the excessive physical labor which he is called on to endure; another to increase the production of caloric in the system and thereby enable him to resist more perfectly the effects of external cold; another to prevent that relaxation and debility which accompanies extreme heat; another to prevent the injurious effects of drinking water of different localities while travelling; and still others to prevent sickness during the prevalence of unusual or epidemic diseases. Thus it is, that notwithstanding the universal acknowledgement of the pecuniary, social, and moral, evils of intoxicating drinks, yet with a large portion of the popular mind they are not only regarded as necessary, but as a kind of flaming sword capable of turning every way to guard the Eden of life. The strength of the popular faith in the invigorating and protective qualities of these drinks is shown by those provisions for the establishment of special agencies to furnish them in those states where the most stringent legal enactments have been adopted for their general suppression. To destroy this popular faith would be to take away the last stronghold of alcoholic drinks on the honest convictions of mankind, and leave them to be sustained only by the *cupidity* of the seller and the most degrading appetite of the drinker. Hence, a careful examination into the correctness of the popular ideas to which I have alluded, is of paramount importance to the interests of humanity. But, from the very nature of the subjects to be examined, none but members of our own profession have received that kind of education which renders them competent to enter upon the execution of the task. It is from a strong desire to contribute my share towards the full elucidation of this important subject, that I have consented to address you on the present occasion when so many other duties are pressing heavily upon me.

An analytical examination of the subject will readily show that the particular modes by which alcoholic drinks produce all their beneficial effects may be included under the three following heads viz:

1st. Their direct stimulant effects on the nervous system, by which the mind is excited and all the bodily functions supposed to be invigorated.

2nd. Their supposed power to sustain respiration and animal heat by furnishing carbon and hydrogen for combustion with the oxygen of the blood.

3d. Their supposed power to protect the animal system against the effects of contagions and the causes of epidemic diseases.

To a careful and rigid examination of these several propositions I shall now invite your attention. In doing this I shall endeavor to lay aside all mere moral and social considerations, and conduct the inquiry as one of purely scientific and professional interest.—The first step in the inquiry is to ascertain, if possible, the actual modus operandi, the real effects which alcohol produces primar-
on the blood and elementary tissues, and secondarily on the
us functions of the body. Notwithstanding the almost uni-
l use of alcoholic drinks, during several past centuries, the

information given us by writers on Materia Medica concerning their action on the physical system is meagre and unsatisfactory.

Being generally ranked at the head of the class called "diffusible stimulants," we are simply told that when taken into the stomach, they are absorbed with but little or no change, and entering the blood, excite the nervous and vascular systems, exhilerate the mental faculties, and, if taken in moderate quantities at meals, promoting digestion and the general strength of the system. In addition to this, a class of chemico-physiological writers, with Baron Liebig at their head, recognizing alcohol as a highly carbonaceous compound, and reasoning from a knowledge of chemical affinities and combinations outside of the living animal system, have claimed that it, like all the carbonaceous elements of our food and drinks, was appropriated directly to the support of respiration and animal heat by combining with the oxygen received into the blood through the lungs.

But neither the ordinary writers on Materia Medica nor the chemico-physiologists furnish us with any carefully devised and well executed series of experiments, illustrating the correctness of the views they entertain; the first seeming to derive their ideas from the *feelings* induced by alcohol, and the latter from purely theoretical notions, coupled with vague generalizations

So far as I recollect, Dr. Prout was the first to institute direct experiments for the purpose of ascertaining the effects of alcohol on the functions of the system. By collecting the expired air soon after alcoholic drinks had been taken into the system, he ascertained that it uniformly contained much less carbonic acid gas than before the drink had been taken. More recently similar experiments have been made by Sandras and Bouchardet, and seve- others, and with the same results as obtained by Dr. Prout. In the meantime, the direct observations of Beaumont on the human stomach, and the experiments of Dr. Percy and others on animals, clearly proved that the alcoholic liquids not only disappeared from the stomach in a very short time after they had been swallowed, but that they actually entered the blood, and circulated with it through all the tissues of the body with so little change in the composition or qualities of the alcohol, that its presence could b detected in the substance of the brain, liver, &c. Very recently Ducheck has made some experiments, from the results of which he claims that the alcohol on entering the blood undergoes a change, by which an ethereal substance is formed, which he calls aldehyde, and to which he attributes the exhilerating effects which follow the use of alcoholic drinks. The same observers have shown, both by experiments on animals, and by *post mortem* examinations of such as have died from the direct effects of the stronger alcoholic drinks, that the blood does not undergo the usual change in the lungs, it having been found throughout the vascular system of a dark venous color. From all these experiments and observations it is evident that the alcohol taken into the system, exerts not merely a temporary exhilerating effect on the functions of the brain and nervous systems, but also induces important changes in the blood and vital properties of all the tissues. These changes consist in a diminished exhalation of carbonic acid gas from the lungs, diminished arterialization of the blood, and diminished sensibility both organic and voluntary. The marked diminution of carbonic acid in the expired air while under the influence of alcohol, seemed to militate strongly against the doctrine that the latter underwent combustion in the blood or lungs by furnishing carbon for the oxygen inhaled. But Liebig and his followers endeavored to obviate the objection, by suggesting that the oxygen united more particularly with the hydrogen of the alcohol, thereby forming water and emitting caloric; and hence still claiming it as a supporter of combustion and animal heat. M. Ducheck, who is one of the most recent experimenters on this subject, gives us the following conclusions, viz:

"1st. Alcohol in the organism is subservient to an increased combustion, the intermediate products of which are found in the blood. 2nd. Intoxication is dependent upon the existence of aldehyde in the blood at the time. 3d. The effect of aldehyde upon the blood is that of rapid consumption of oxygen; but thereby the combus-ion of other substances is interrupted or rather diminished."

On these conclusions, the London Lancet for April last, has following comment, viz:

"In these short remarks, the reader will at once perceive the most powerful inducements to abstain from alcohol. It runs away with that oxygen which he is always inspiring for the oxidation which is required in almost every process in the animal economy. We live as it were to oxidize. Almost all the changes in the body are the results of oxidation, *and yet the spirit drinker continually* checks this process of nature."—In the year 1850, I devised a series of experiments designed to test more fully the effects of alcohol on the functions of respiration, circulation and animal heat. These experiments, commenced in the winter of 1850, have been continued from time to time since. The apparatus for performing the experiments consisted of a glass tube, graduated so as to indicate the fractions of a cubic inch; a very delicately graduated thermometer; a mercury bath, and a solution of caustic potash. With these arrangements, and an intelligent assistant, in a room of equable temperature, about three hours after any food had been taken, from three to four ounces of the best brandy that could be procured was administered. But previous to administering the brandy the temperature of the body was carefully noted by inserting the bulb of the thermometer under the tongue, with the mouth closed around it for several minutes. A certain number of cubic inches of expired air was also collected in the graduated tube over mercury, and transferred from this to the bath of caustic potash, by which the amount of carbonic acid was rapidly absorbed, and its quantity indicated. Having ascertained and noted the temperature of the body, the proportion of carbonic acid in the expired air, and the frequency of the pulse before the brandy was taken, these same observations were made in precisely the same manner every thirty minutes after until three or four hours had elapsed.* In some of the experiments brandy was used as a representative of the stronger distilled liquors; and in others port wine was used, in qantities of eight ounces at a dose, to represent the fermented liquors.

The results of all my observations may be summed up as follows, viz:

1st. The most direct and obvious effect of alcohol on the human system is, to excite or exhilerate the functions of the brain, and increase the rapidity of the heart's action. This effect begins to be manifest within thirty minutes after the liquor is taken, and, if the dose is not repeated, perceptibly declines in from one and a half to two hours. It is the exhilerating influence of the alcohol on the brain and nerves that gives it its fascinating power over the human appetite and passions, and has induced in the popular mind the general idea that it is actually tonic, or supporting to the functions of life. The stimulant effect on the vascular system is much less than on the nervous; the pulse being increased, in my experiments, not more than from six to ten beats per minute, while its fulness and force both remained unaltered.

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* For the full report of these experiments see Appendix to this paper.

2d. It directly diminishes the amount of carbonic acid gas thrown out from the lungs in the expired air. This diminution begins to be apparent in less than one hour after a single dose of alcoholic liquor, and becomes more and more so until the end of two hours; when the proportion of carbonic acid begins again to increase, and at the end of three hours comes fully up to the natural proportion. The amount of diminution of carbonic acid varied in different experiments, but was well marked in all. In some instances it was diminished, for a short time, more than fifty per cent below the proportion when the experiment began.

3d. In all my experiments the temperature of the system began perceptibly to diminish at the end of one hour, and continued to do so during the two succeeding hours, the mercury generally standing *three quarters of a degree* lower at the end of three hours than when the experiment began. And at no period of time, while the effects of the alcoholic beverage remained perceptible, was there any *increase* of temperature indicated by the thermometer.

It will be seen, by examining the detailed account of the experiments given in the Appendix, that the exhilerating effects of the alcohol on the nervous tissues, and its diminution of the ex- alation of carbonic acid from the lungs, are both manifested siderably before any alteration is noticed in the tempera- e.

The latter, however, continues to diminish for some time after the proportion of carbonic acid begins again to increase. The effect on the pulse is noticed very soon after the alcohol is taken, being first rendered more frequent, but only for an hour or hour and a half, when it comes back to its natural standard, and in some instances falls below.

From all the experiments thus far instituted, it is plainly evident that a moderate quantity of alcohol in the blood directly excites or exhilerates the functions of the brain, while it diminishes those of respiration and calorification.

I wish, gentlemen, to attract your attention particularly to the influence of the agents which form the subject of this lecture on the three great processes just named. Their influence on the functions of the brain and nerve tissue has long been known and universally acknowledged. Their effect in diminishing the proportion of carbonic acid gas exhaled from the lungs, and thereby lessening the natural process of respiration, was first directly demonstrated by Dr. Prout, and is now universally acknowledged. Their effect in diminishing the production of animal heat, was, so far as my knowledge extends, first clearly demonstrated by my own experiments, and shows an influence directly opposed to the prevalent opinion, both in and out of the medical profession. Seeing the prominent exhilerating influence of alcoholic drinks on the brain, and the patient or drinker feeling a sensation of warmth in his fauces and stomach, and soon after also a glow of heat in the face, nothing was more natural than the inference that they actually increased the temperature of the body.

No distinction, of course, was made here between the *feelings* or mere nervous sensations of the individual and his actual temperature; and hence arose the universal popular belief in the power of such drinks to increase animal heat, and consequently also in their value to man when exposed to the mere vicissitudes of temperature. When a knowledge of organic chemistry became more diffused, and alimentary substances became classified into *nitrogenous* and non-nitrogenous or carbonaceous, the former assigned as the chief agents for nourishing the tissues, and the latter for supporting respiration and animal heat, alcohol was regarded as one of the most prominent articles of the latter class, and, of course, directly calculated to support both of the last named functions.

It was thus that the theoretical inferences of the learned were made to coincide with, and apparently to corroborate those derived from the sensations of the drinker; and both were hence made to contribute largely to the continuance of those customs in society which are annually sending several thousand American citizens to untimely and dishonored graves. And yet the industrious student will not fail to perceive that these opinions, which have thus held a predominating influence over the popular mind from generation to generation, are purely hypothetical, and without a single experimental fact for their support. I am aware that some will be disposed to deny this assertion, and to allege that the experi ment of taking alcoholic stimulants, when exposed to extreme cold, has been tried times without number, and with the effect to make the drinker *feel* warmer than before; and that this furnishes positive proof of the power of such stimulants to increase animal heat. That a glass of brandy will soon produce a feeling of warmth in the fauces and stomach, and sometimes in the face, I fully admit. But is this proof that the temperature of the tissues of the body is actually increased? Does not the patient, with spasmodic cholera, almost constantly complain of the heat, and plead for cold water—ice cold water—even when his whole body, and the very breath from his lungs, are cold as death itself? Are his feelings, under such circumstances, any index of the actual temperature? Certainly not. Again, a patient, under the influence of chloroform or ether, revels in a world of dreams, and perhaps pleasing fancies, all unconscious of the fact that his limbs are being severed from his body, or his flesh extensively lascerated in the extirpation of morbid growths; but is it any proof that the limb is not severed because the patient did not feel each stroke of the surgeon's knife?

So, too, when alcoholic drinks are taken into the stomach, a sensation of warmth is felt in the stomach and pharynx, and, as he fluid enters the blood, and through it, comes in contact with the rain and nerve tissues, its direct exciting effect is accompanied y a sensation of heat in the face, and a diminished consciousness f the presence of a material body.

But this *feeling* of heat in the face, pharynx, and stomach, under the influence of alcoholic drinks, is no more evidence of an actual increase in the temperature of the body than is the absence of pain, on the part of the patient, under the influence of chloroform, evidence that the surgeon's knife has not severed the tissues. In both instances the brain and nervous system are under the influence of an agent which alters their sensibility, and renders the individual incapable of judging correctly concerning the impression of external agents upon him.

Hence the alcoholic drinks, instead of protecting the individual against the effects of external cold, only render him less conscious of the existence of such cold, and thereby often induce him recklessly to remain exposed until fatal effects are produced. So true is this that nineteen twentieths of all those who are frozen to death in Christendom, are so while directly under the benumbing influence of alcoholic drinks, taken under the delusive idea of "keeping them warm."

I am fully assured that no fact in the whole science of medicine is susceptible of a clearer demonstration than that alcoholic liquors, taken into the human system, exert a direct and important influence over the three great functions of innervation, respiration, and calorification.

The first it temporarily excites, accompanied by a still more temporary excitement of the circulation, while the two latter are directly and positively diminished, accompanied ultimately also by a diminution of the *first*. Let us now examine a little more in detail the *modus operandi* by which these results are produced. Dr. Henry Parker, of this city, a former pupil of mine, in a prize essay presented to the Illinois State Medical Society, thus sums up the mode by which alcoholic drinks produce the effects I have described, viz.,

"1st. By their great affinity for, and absorption of the oxygen of the blood, thereby interfering with its agency in the formation of plastic material, and impairing the organizability of those compounds designed for nutrition and reproduction.

"2d. By preventing or retarding that vital change—*the conversion of venous blood into arterial*, and diminishing the functional activity of the secreting and excreting structures generally, thus causing a retention and accumulation in the blood of effete and excrementitious compounds.

"3d. By retarding capillary circulation and the metamorphosis of the tissues."

That alcohol possesses an affinity for oxygen, and readily enters into combination with it under favorable circumstances, is well known. M. Bouchardet, from his experiments, first supposed that the alcohol meeting the free oxygen received into the blood through the lungs, combined with it in such proportion as resulted in the formation of acetic acid and the disappearance of the alcohol. M. Duscheck more recently contended that the latter, by its first union with the oxygen, resulted in the formation of aldehyde, which, however, maintains but a temporary existence, being, by further combination with oxygen, converted into acetic, oxalic, formic, and carbonic acids. It was this supposed union of alcohol with the oxygen of the blood that led Liebig and his followers to regard such union as a *combustion*, and consequently the alcohol as a strong supporter of animal heat. But, admitting that the union takes place, (of which we are not quite certain), their conclusion by no means necessarily follows. No fact in science is better established than that the free oxygen in the blood is the great vivifying or life-sustaining agent, which, by its presence, maintains the susceptibility and action of all the tissues of the body, and, by its chemical combinations, facilitates both the nutrition and metamorphosis of the tissues. Neither is any fact better established than that the natural temperature of the body is sustained by these same processes. Hence if it were true, as represented by Liebig, Duscheck, &c., that the alcohol entered into direct combination with the oxygen of the blood, and even developed sensible caloric by so doing, such development would be more than counterbalanced by the diminished quantity resulting from these organic processes, which are directly impaired by the diversion of oxygen from its natural and healthy offices in the economy. Whether or not the alcohol taken into the system actually enters into combination with the oxygen of the blood, thereby diverting it from its natural affinities and uses, it is certain that its presence in the blood causes a rapid accumulation of carbonic acid in that fluid, and a decided diminution of the change from a venous to an arterial hue as it passes through the pulmonary organs. Thus, Dr W. B. Carpenter, the author of a large and standard work on Human Physiology, says that M. Buchardet found, "when alcohol is introduced into the system in excess, the blood in the arteries presents the aspect of venous blood, showing that it has been prevented from undergoing the proper oxygenating process." The same dark venous color of the blood in the arteries was observed by Percy, and many others, both in experiments on animals, and in post mortem examinations of persons who had died while strongly under the influence of the stronger alcoholic drinks. Indeed, plain evidence of this want of proper change of the blood from venous to arterial color may be observed in the dingy and leaden hue of the countenance, the purple color of the lips and nails, and the slow circulation of the blood in the capillaries of the surface, of persons in a state of profound intoxication. The dark color of the arterial blood, together with the diminished elimination of carbonic acid gas from the lungs, while under the influence of alcoholic drinks, demonstrates, beyond all cavil or doubt, the depressing influence of these drinks on the function of respiration, and the vital changes which accompany it.

This effect on the respiratory function is not fully explained on the supposition of Liebig and Duscheck, that the alcohol unites directly with the oxygen of the blood, thereby forming new compounds, consisting chiefly of acetic and carbonic acids and water. It might explain the increase of carbon in the blood, and the diminished arterial color, but does not furnish a satisfactory reason why the amount of carbonic acid thrown off with the expired air so rapidly diminishes. Its mere increased accumulation or formation in the blood should lead rather to an increased elimination, which certainly does not occur It is well known that alcohol possesses a strong affinity for animal membranes and albuminous tissues generally; not merely permeating them with readiness but entering into actual combination with them in such a manner that no ordinary washing or masceration will fully remove it, and at the same time so altering their structure as to make them appear more dense and corrugated. That the same effect is produced on *living* animal membranes and tissues is rendered extremely probable by many experiments. Thus, if the tail of a tadpole or leech be immersed in alcohol only a few seconds, it becomes stiff as far as the immersion extends, and remains incapable of regaining either its flexibility or excitability. The same rigidity is produced by immersing frogs and puppies; but with them the effect slowly subsides if the immersion is not too long continued. Humboldt found the direct application of alcohol to the larger nervous cords of the frog to produce, first a very temporary excitement, followed by an entire loss of action and *excitability*.

These facts, taken in connection with the rapid diminution of exhaled carbonic acid, and the positive diminution of the temperature, as proved by my own experiments, leave very little doubt but that the alcohol exerts an influence, immediate and direct, on the tissues of the body, from the strong affinity it possesses for the albumen, which enters so largely into their composition.

The immediate effect of this affinity is to arrest or retard all the more minute molecular changes which are constantly taking place in the healthy state of the living tissues. So long as it maintains its existence and direct affinity for the tissues, its presence excites or exhilerates the brain and nerves, accompanied by a diminished consciousness of outward objects and impressions. These are the primary effects of alcohol on the system ; and while they continue they constitute the period of intoxication or apparent excitement. But its contact with the oxygen of the blood at a temperature of 97° or 98° F., soon induces a change in its composition, and leads to the formation of those compounds pointed out by Liebig and Duscheck. This constitutes the second period in the action of alcoholic drinks on the system, and is characterized by a rapid diminution of the cerebral exhileration, and the final occurrence of mental depression, muscular weakness, loss of appetite, and a return of the full proportion of carbonic acid in the expired air. Such are the effects of a single moderate dose of alcoholic drink. But when the amount taken is very large, or more moderate doses are repeated at short intervals, the obstruction to the elimination of the carbonic acid from the lungs is more protracted, which causes it to accumulate in the blood to such an extent that the susceptibility of the nerve structures is at length overcome by the venous condition of the whole mass of the circulating fluid, the brain consequently no longer responds to the exhilerating influence of the alcohol, and the individual becomes stupid, unconscious, and lethargic, with slow breathing, livid lips, feeble capillary circulation, and entire muscular prostration.

He is said to be "*dead drunk.*" Let the process be carried one step farther, and the blood will be altered to such an extent that the susceptibiltty of the medulla oblangata will also fail, and life itself will be extinct. If the supply, however, is only sufficient to induce stupid drunkenness, the patient remains in a half comatose or lethargic condition several hours, during which time the alcohol becomes decomposed to such an extent that the air cells and pulmonary tissue permit again the absorption of oxygen and the elimination of carbonic acid, by which the blood is rapidly freed of its excess of effete matter, the susceptibility of the brain gradually returns, and the patient wakes from his lethargy with feelings of depression, timidity, and muscular weakness, that last for some time longer. Such are the physical effects of alcoholic drinks on the human system; and they may be summed up in the following concise and simple propositions, viz.:

1st. They are rapidly absorbed from the stomach, and enter with the mass of the blood directly into contact with all the tissues of the body.

2d. By their presence in, and the affinity of the alcohol for the tissues, they induce a peculiar exhileration of the cerebral and nervous functions, while they so alter the membraneous structures, including the air cells, that the exchange of oxygen and carbonic acid gases through the latter is much diminished, and all the organic actions so retarded as to induce a perceptible diminution of the temperature of the body.

3d. The alcohol itself, by continued contact with the oxygen and other constituents of the blood, gradually undergoes decomposition, giving rise to the formation of acetic and carbonic acids and water; which, added to the previous interference with the respiratory process, causes the blood to become loaded with effete matter, more venous than natural, and incapable of maintaining the susceptibility and tone of the nervous and muscular structures.

With this, perhaps tedious, examination of the modus operandi of alcoholic drinks, you are prepared, gentlemen, to see clearly how far their use is calculated to produce those beneficial effects which have been so generally ascribed to them by a large portion of the people. You can see, with the clearness of demonstration, that, instead of furnishing fuel for *combustion*, and thereby supporting respiration, and increasing animal heat, they primarily depress both these important functions, and directly retard the change from venous to arterial blood. Instead of increasing innervation, and *invigorating* the various functions of the body, we see them merely exerting a peculiar exhilerating influence upon the brain, by which the natural consciousness and susceptibility to impressions are impaired, and the muscular actions rendered feeble and vascilating. In this perverted susceptibility of the nervous structures lies the power of alcohol to deceive the popular mind. With a glass of brandy in a man's blood, he quickly imagines himself as rich as Cresus, though actually clothed in rags, and as strong as Sampson, though really trembling in every muscle, and his knees smiting each other like those of a disheartened Philistine. So true are the words of the good book, when it says, "*Wine is a mocker, and strong drink is raging, and whosoever is deceived thereby is not wise.*" You can judge, too, how far an agent or agents which thus retard one of the most important excrotory functions in the system, diminish the change from venous to arterial blood, and cause in the latter fluid an undue accumulation of effete or waste matter, and an ultimate depression of all the organic actions, is calculated to counteract the influence of morbific agents in the production of disease.

You readily perceive that all its effects, both direct and indirect, characterize it as one of the most efficient predisposing causes favoring the development of disease in the system, and rendering it more fatal when it does occur. The only exceptions to its deleterious influences are, first, when during the actual progress of disease there is danger from the direct *failure* of action in the brain and nervous centres, as is sometimes the case in the advanced stages of typhus fevers. when the direct exhilarating influence of the alcohol may be made available for temporarily sustaining the nerve sensibility; and second, when the process of disintegration or waste of tissues takes place much too rapid, with an active state of the excretory organs, as is sometimes the case in the advanced stage of phthisis, when the power of alcohol to retard organic changes may be rendered beneficial, to a limited extent, in retarding the process of waste.

Such, gentlemen, are my views of the action of alcoholic drinks on the human system; but some may be disposed to say, in reply that those drinks have been in common use for many generations, that the popular ideas in regard to their beneficial effects in the various relations of life are founded on direct experience, and that such experience is entitled to more confidence than all the deductions of science.

I admit that these beverages have been in common use for many generations; and so has tobacco, and many other things, that neither prolong human life nor prevent disease. But what is the result of all this long experience in the use of intoxicating drinks? Has it all furnished us with any clear proof that they are capable of increasing man's power to endure either cold or fatigue, or to resist more successfully the causes of disease and pestilence? I answer no, not any—not even a shadow of such proof. During the last fifteen years I have carefully and diligently searched the dark record of alcohol's doings, on the land and on the sea, in the frozen regions of the North, and on the sultry plains of the South, in the city and in the country, on the farm, in the workshop, in the manufactory, and on ship-board; but nowhere have I found the least proof of the beneficial effects alleged. And I boldly challenge the world to furnish such evidence. On the contrary, I have found abundant evidence to corroborate the inferences drawn from the scientific part of our inquiry. For instance, if we follow the earlier expeditions in search of a northwest passage amidst the icebergs of the Northern ocean, we are told by every witness that the use of intoxicating drinks actually diminished the power to sustain severe and protracted cold.

If we examine the records of injured and disabled vessels at sea, where directly exposed to cold and sleet, it becomes necessary to keep the pumps manned day and night, we shall find several instances in which direct experience absolutely compelled an entire abandonment of all alcoholic beverages, while we shall not find one of a reverse character. On the other hand, the records of the harvest field, the brick-yards, and all other places where severe and protracted manual labor is endured, show that more labor is actually performed in a given time, and less sickness endured by those who wholly abstain from all intoxicating drinks, than by an equal number of those who indulge in their use.* In regard to their influence as preventives of disease, experience furnishes us still more abundant data.

A few years since an examination of the Report of the Register General of the British army in the East Indies, showed that there were in the different regiments occupying that insalubrious country a considerable number of *teetotallers*, and of their number only an average of little more than *three* per cent had been daily on the sick list during the year, while of those in the same regiments, subjected to the same duties, who took their regular rations of alcoholic drinks, an average of more than *ten* per cent were daily on the sick list. Observations in the West Indies have shown a similar result. What is thus true of diseases generally is still more apparent during the prevalence of severe and fatal epidemics. The records of every cholera pestilence, both in hospital and in private practice, show that those individuals and classes who are most addicted to the use of intoxicating drinks, furnish by far the larger proportion of victims to this scourge. This is not only true in relation to those who drink to excess, but also in regard to all classes who drink, however moderately. I have myself toiled through five seasons of epidemic cholera without being absent from my post of duty twenty-four hours at a time. I have passed from one sick bed to another in the midst of cholera pestilence for ten or twelve successive days and nights without resting *two hours* out of twenty-four; and so thoroughly am I convinced that alcoholic drinks, instead of preventing, strongly predispose the system to an attack, that I would as soon attempt to extinguish fire by pouring oil on it, as to take a glass a day of alcoholic drinks while exposed to epidemic influences. If there is any time when all the machinery of life should be left untrammeled and free, and especially when the blood should be well arterialized, and the excretory organs active, it is when we are surrounded by special causes of disease, and perhaps the very atmosphere we breathe loaded with noxious materials.. For the same reason the very common practice of mixing brandy with water when travelling through districts of country to which we are not accustomed, is far more frequently the cause than the preventive of evil effects.

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* For interesting facts on this subject, see Appendix, Note B.

I will mention but one other fact strongly illustrating the influence of alcoholic drinks on human *health* and *longevity*. It is well known that Life Insurance Companies have been established in most of the enlightened nations of the earth.

To afford them a safe principle of action, much care has been taken to ascertain the average duration of human life, and the influence of certain agents thereon. And so fully has it been shown that the use of alcoholic drinks materially shortens the average duration of life, and thereby adds to the risk of insurance, that companies have been established, both in this country and in England, for granting policies only to those who abstain wholly from these drinks, and that at a lower rate of premium than is required by companies which make no distinction in regard to the moderate use of intoxicating drinks.

Some of these *temperance* insurance companies have now been in active operation several years, and so satisfactory have been the results, that one of the best life insurance companies in New England has recently opened a special *temperance department*, with rates of life insurance 25 per cent below the ordinary rates of other companies doing a promiscuous business, and the same degree below their own rates in the other department

I might thus direct your attention to every department of human industry, and every relation of human life, and in all we should find the actual results of experience with the use of intoxicating drinks in consonance with the inferences to be drawn from my views of their physiological action on the system. And th—

inferences are, that they debase the intellectual and moral faculties, deteriorate the quality of the blood, disorder most of the functions, diminish man's power of physical endurance, and shorten the duration of human life; effects all of which are generally induced in proportion to the quantity and quality of the liquor used. If these views are correct, an immense responsibility rests upon that profession of which you, gentlemen, are soon to become members. This responsibility arises from the fact that our profession is the only one well fitted, by its education, to understand the action of alcohol on the physical condition of man, in health and disease. The practising physician also holds a closer relation, and gains a freer access to the elements of society, as represented in the family circle and the individual mind. No age, no sex, and no class of people escape his contact and influence. He goes, in many instances, where the philosopher, the moralist and the divine can gain no access; and from the very fact that he is a physician, his supposed acquaintance with all that relates to health and the action of exterior agents on man, renders both his precepts and example doubly influential. But just in proportion as the members of our profession possess exclusive and superior knowledge concerning the influence of physical agents on health and happiness—in proportion to the freedom and extent of their access to the minds and hearts of all classes, in the same proportion is their responsibility increased. I fear, gentlemen, that few among us realize the extent of this responsibility, or even the potency of their own example. To illustrate the latter I will relate an incident which occurred during the past summer, when cholera was prevailing severely in this city. It was about the middle of July, when Mr. A., of the village of O., in the interior of the State, came into the city to transact some business. While here, like too many others, he stepped into one of the most fashionable saloons of the city, and soon a well dressed gentleman passed in, and up to the bar, and called for a glass of brandy. As he entered, several citizens exclaimed, in a salutary tone, "Well, Dr. B, how is the cholera to-day?" "Pretty bad." answered the Doctor, as he took his glass; "about thirty deaths during the last twenty-four hours;" and he hastily retired.

Our friend from the country tarried a few minutes, and soon came Dr. C., who. in answer to inquiries, gave about the same information as Dr. B., took a glass of brandy with some friends, and also retired. Mr. A., in his travels about the city, had already met several funeral processions, and as he stepped out of the saloon another was passing, which, with the conversation to which he had just listened, created an anxiety to get out of the city as soon as possible.

Now Mr. A. was strongly inclined, though not positively pledged, to practice total abstinence from all intoxicating drinks. But seeing, in the course of a few minutes, several well dressed citizens, and two apparently prominent physicians, freely quaff from the intoxicating cup, mingled with remarks in regard to its necessity in such sickly seasons, he was induced, rather reluctantly, to call for a glass himself before starting on his homeward journey.

On his arrival, "what news from the city?" was of course the first question asked by his neighbors and friends. "Not much news" he replied; "rather dull times in everything but the saloons and coffin ware-rooms, for the cholera is raging there badly. I saw two physicians who said there had been more than 30 deaths from the disease during the preceding day, and the streets were full of funeral processions." "I wonder," said neighbor D., "if there is not some preventive; something that one could take to lessen the liability to an attack." "I presume there is," said Mr. A., "for while in the city I heard those who were talking about it say that a little *pure brandy* was an excellent thing to prevent the relaxing influence of the warm weather, and both of the physicians I saw took brandy themselves." This hint derived from Mr. A., backed as it was by the *example* of two city physicians, was sufficient to start a large number after the proposed remedy.

And it was an actual fact that in less than a week the village drug store was completely exhausted of its stock of brandy, it having all been bottled and labelled "Pure Brandy," and sold at the highest prices.

This anecdote is not only literally true in regard to the village or town referred to, but affords a good example of what may be observed in every section of the country wherever epidemics or rumors of epidemics excite the fears of the people.

And the great day of final judgment can alone reveal the vast amount of drunkenness, vice, and death which have thus directly and indirectly resulted from the idea that intoxicating drinks were calculated to invigorate the system, and protect it from attacks of disease. It is, indeed, this idea, still deeply rooted in the popular mind, and countenanced by too many physicians, that now constitutes the great barrier in the way of totally exterminating both the traffic in, and the use of these drinks throughout the several States of our Union. Hence it is that legislators, though anxious to dry up the streams of pauperism, vice, and crime that flow from the dram-shops by just and stringent laws, are yet constrained to provide for special town *agencies* to sell for sacramental and medicinal purposes.

Now every such *agency* is a monument of disgrace to the medical profession of the last half of the nineteenth century.

For what do we need the use of intoxicating drinks in medicine?

Is it for the hops in the beer, the acids in the various wines, the juniper in the gin, or the various poisonous adulterations with which nineteen-twentieths of the intoxicating liquors of this country are mixed? Certainly it is not for any of these, but simply for the great exhilerating agent, alcohol, which enters as a common ingredient into them all. Then why not, as a profession, use *alcohol* as such, and at once sever all connection with that whole group of intoxicating beverages which have so long scourged the human race? There is not a single medicinal effect to be obtained either by the fermented or distilled spirits that cannot be obtained with equal certainty by any intelligent physician, with alcohol diluted and combined with other substances to suit the particular case; neither is there a single useful purpose, either in the arts or commerce, to which the alcoholic drinks can be applied, hat cannot be served equally well with alcohol, more or less iluted. Hence there is no more necessity for establishing pecial *town agencies* to sell intoxicating drinks, than there is to sell opium or castor oil. The truth is, that alcohol, as an article of commerce, should be manufactured and sold in the same manner and under the same regulations as paints, oils, varnishes, and drugs generally; and neither it nor any of its diluted compounds, in the form of fermented or distilled spirits, should be permitted to be kept, sold, or used as drinks, any more than we should permit chloroform, ether, or opium to be kept and used for the same purpose.

But, gentlemen, I am trespassing upon your time and patience too far, and will hasten these observations to a close. Thus far I have confined my remarks to the influence of alcoholic drinks on the physical man, and the relations which the profession hold to their common and destructive use. If the views I have given you in relation to their physical action on the functions of the animal economy are correct, you will see the fallacy of that often repeated remark, that the evils resulting from intoxicating drinks, arise from their *abuse*, and not necessarily from their *use.*

You will see clearly that the very nature of their action on a healthy condition of the system is injurious, and therefore that their use in any degree, as beverages, is an *abuse.* It is one of the highest and noblest aims of the profession to which we belong, to *prevent* disease and suffering, as well as to alleviate and cure it. Hence we point with just pride to the discovery of vaccination by Jenner, and all other means by which we have been enabled to prevent disease, and add to the average duration of human life. But could we, as a profession, remove those popular errors which now sustain and propagate the use of alcoholic drinks, and thereby secure their entire banishment from Christendom, we should confer on the human race a boon, in comparison with which the great discovery of Jenner would sink into insignificance.

One thought more, gentlemen, and I have done. Most of you are just entering upon the active, influential period of life, in connection with a profession whose members are exposed, on the one hand, to severe labor and strong temptations, and on the other, sustained by the most attractive fields of science, and the noblest motives that can actuate the human mind. There are hence two paths open before you, the one leading close by the stagnant pools of indolence and self-indulgence, closely beset by the allurements of vice and pecuniary gain, but ending in individual degradation and professional disgrace. The other leads directly over the rugged hill of science, on the summit of which ever bloom flowers of purity and affection, and down whose farther side courses the limpid streams of knowledge. At every turn of this path are seen signs of industry, perseverance, and self-denial, while at its terminus the eye rests on the traveller with whitened locks, and a serene, happy countenance, holding in one hand a crown, richly decked with tokens of affection and gratitude, mingled with testimonials of merits acquired and benefits conferred; and in the other, a simple viol of oil, emblematic of the healing influence exerted by his life on both the moral and physical maladies of his race. It is for you to choose, gentlemen, which of these paths you will travel.

The entrance to both is immediately before you, and only a step or two is required to place you in either. A single bad habit may be the fatal step which will lead you into the first, while it will require an aggregation of many good ones to enable you to travel successfully the latter. It is, therefore, of the utmost importance that, in the commencement of active life, the outward actions should be correct. and also that those actions should spring directly from the purest and most elevated motives. It is not more certain that the simple germ enclosed in the acorn, when exposed to a moist and genial soil, will grow until its gnarled trunk and spreading branches defy alike the sunshine and the storm, than that a single unholy motive or vicious habit, knowingly indulged, will extend its poison roots into every crevice of the soul, and its odious branches into all the outward manifestations of character. We too often forget that the dew-drops which glitter in the rays of the morning sun, when aggregated. form the vast heaving ocean; or that the harmless sparks of the electric machine, when aggregated, make the lurid lightning that illumines the heavens with its flash, and makes the earth tremble with its shock. But these are no more true than that the little acts and habits of each day, when aggregated, make up the individual character, nay the whole of individual life. Hence, in forming an elevated character—a pure, noble, and useful life, all the elements and items of which it is composed, in the form of daily habits, motives, and actions, must be equally pure and elevated. This is not more important in the relations of man to his fellow, than in his relation to himself. For of all the forms of servitude none are so abject, so degraded and loathsome, as that which brings the whole man in subjection to the lower and more vicious propensities and passions of his own nature. On the other hand, there are none so noble and truly free as those whose characters are based on *temperance*, *virtue*, and *truth*.

APPENDIX.

A.

EFFECTS OF INTOXICATING DRINKS ON THE PHYSICAL CONDITION OF MAN.

Experiment 1. December, 1850, 9 o'clock P.M., three and a half hours after supper, the temperature of the body, as indicated by a delicately graduated thermometer, under the tongue, was 95 ° F., and the proportion of carbonic acid in the expired air 1 in 13. The pulse was 80 per minute, which was about the normal standard for the individual. Four ounces of strong brandy were now taken. At the end of 45 minutes the pulse was increased to 90 per minute; the temperature remained unaltered; but the proportion of carbonic acid gas in the expired air was diminished to 1 in 15. At the end of one hour the pulse had fallen to 85 per minute, the temperature still unaltered, and the proportion of carbonic acid gas still further diminished. At the end of two hours the pulse had returned to 80 per minute, the thermometer indicated the temperature at 94° 8 F., while the proportion of cabonic acid expired was perceptibly increased. At the end of three hours, the temperature had fallen perceptibly below 94° 5 F., and the proportion of carbonic acid gas exhaled had increased again to 1 part in 12, 5.

Experiment 2. On the 18th of October, 1852, after remaining quiet two hours in a room, the temperature of which was kept steady at 70 ° Fahrenheit, at 8¾ o'clock P.M., my temperature, as indicated by a delicately graduated thermometer, the bulb of which was inserted under the tongue, was 98¼ ° F., the pulse 76 per minute, and respiration 17. I took at once three ounces of brandy, mixed with water. *Thirty* minutes after the brandy was taken, I felt an unusual dryness in the mouth and fauces, a feeling of exhileration in the head, with a slight general feeling of numbness throughout the whole system, and a sensation of increased heat, especially in the stomach and face; the thermometer, applied in the same manner as before, indicated the temperature at 98 ° F., the pulse 84, and respiration 17. *Sixty* minutes after taking the brandy, all the feelings just mentioned were much increased, the sense of exhileration in the head amounting to decided giddiness or feeling of intoxtcation; the temperature was 97¾ ° F., pulse 77, and respiration 17. *One hundred and twenty* minutes after taking the brandy, all the feelings before described had begun slightly to diminish; the temperature was 97½ F., the pulse 75, and respiration 16.

In thirty minutes more the temperature was found the same, the pulse 72, and respiration 16, with a further diminution of unnatural feelings. The exhileration in the head, had now become converted into a sensation of tightness and dull pain. At each time of noting the temperature, pulse &c., a given quantity of *expired* air was collected, and the quantity of carbonic acid in it ascertained. During the first hour after taking the brandy, the relative proportion of carbonic acid exhaled, underwent a rapid and marked diminution. At the end of two and a half hours, it was fully equal to the proportion before the experiment began. In all the examinations of temperature, the bulb of the thermometer was inserted under the tongue, with the mouth closed around it for ten minutes, and the height of the mercury noted by a careful assistant before its removal.

Experiment 3.—Nov. 8., 1852, 9 o'clock P. M., in the same room, with the temperature, regulated in the same *manner* as in experiment number 2. Three hours after a light supper, my temperature under the tongue was 97¾ F, pulse 72, and respiration 18 per minnte. I drank at once 8 *ounces of good* old Port Wine. In *thirty* minutes after drinking the wine, my temperature was 97⅝ F., pulse 78, respiration 19.

Ten o'clock P. M., one hour after taking the wine, feel much exhilaration of mind and brain, eyes hot, mouth and fauces dry, a sense of numbness in the hands, face and throat; muscular weakness or a feeling as though I should stagger without an effort to prevent it. Temperature 97⅜° F., pulse 77, and respiration 19.

Eleven o'clock, two hours after the wine, same unnatural feelings continue, with more approach towards head-ache and a sense of dulness and tightness above the ears. Temperature 97⅛° F., pulse, 73, and respiration 19.

Twelve o'clock, three hours after the wine, mouth less dry, but a dry bad feeling in the throat, less exhileration and more pain, with heaviness in the head, and some general feeling of lassitude. Temperature 97° F., pulse 68, and respiration 17.

The effect on the relative proportion of carbonic acid in the expired air was the same in this as in the preceding experiment.

In both experiments, other qualities of the pulse besides mere frequency, were carefully noted, and the gentleman who assisted me thought that its fulness and firmness was diminished in pretty close proportion to its increase in frequency. The execretory evacuations were also noted carefully during the 24 hours following each experiment, but no change was observable, except a slight diminution in the quantity, with a deeper red color, of the urine. Its specific gravity and chemical composition were not examined.

The foregoing experiments have been repeated, and varied, but without changing the results; and it is unnecessary to detail them all.

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B.

It was my purpose to collect here some interesting statistics alluded to in the accompanying address. But the pressing nature of other duties has prevented. Those readers who either doubt the statements in the address, or who wish the statistics more in detail, will find abundance of them in the last volume of the British and Foreign Medical Review, before it was united with the Medico-Chirurgical Review, and also in Dr. Carpenter's work on the effects of alcoholic drinks on the human system; which last may be found in all our book-stores.

ART. II.—*Amputation.*

[This paper was read before the La Salle County Medical Society, on the 6th of December, 1854; and requested to be published in the Chicago North Western Medical Journal, by said Society.] THEODORE HAY, Pres't.

J. O. HARRIS, Sec.

On the 21st of July, 1854, at 2 o'clock P. M.. Mr. A. Onderkirk was run over by a mail train on the C. & R. I. R. R., crushing the lower third of his left leg, so as to render amputation necessary. Owing to the kindly influence of gentlemen having business connection with said road, Dr. ——, was called to attend the case. But he not having necessary instruments to perform the operation, called to his aid one of the oldest surgeons of the city of Peru; thereby securing not only the necessary instruments, but also the skill of the old surgeon. The two surgeons met at 2½ o'clock, P.M., and proceeded at once to administer chloroform till the patient was profoundly insensible to all pain; in which situation (with praiseworthy humanity) they kept him till the operation was completed, which was just three hours.

The circular operation was performed as follows: The patient was placed upon an ordinary dining table, the operator being seated on a chair at his left side, with all the instruments of the two displayed on a table in his rear at his left. The next step was to encircle the limb with a thread, to serve as a guide to the operator in his first incision, which divided the skin cellular tissue, and about one half of the gastronemius muscle. Next the skin and cellular tissue were dissected back about two inches with a concave edged circular knife.

The second incission was made to correspond with the first, and the bone sawed off at the same point; that is to say, the limb was cut off as a butcher would cut a steak from the round of the thigh of an ox; the skin, muscles, and bone all on the same plane. The arteries were secured in the usual manner, and an attempt made to cover the stump with the integuments; but as *some* might have anticipated, they were found too short. Nothing daunted, however, the operator re-applied the saw, which left the stump of tibia minus another inch and a half in length, and the fibula (of course) one and half inches longer than it (the tibia.) Now the hair was shaved from the amputated limb, and another attempt made to cover it with the integuments. But, lo! notwithstanding much force was used, by means of four interrupted sutures, still the stubborn integuments refused to cover the stump, but left a portion of the gastronemius muscle protruding about the size of a hen's egg. But science is full of expedients, and this refractory portion of muscle soon fell a victim to the surgeon's knife; and all appearances indicated that science had completely triumphed over nature; when a vicious little artery spurted into the face and eyes of the surgeon, a sure indication that his work was not yet done. This little rebel was, however, soon subdued, and nothing now (five months after the accident) remains to mar the beauty and benefit of this important operation, except a small portion of the stump of this amputated limb (say about two and a half inches in circumference) remains unhealed, with the end of the fibula protruding from its centre. JOHN HIGGINS, M.D.

Peru, Dec. 6th 1854.

ART. III.—*Disease of the Heart.* By R. S. L., Dubuque.

L. W. C., aged 23, a Dep. U. S. Surveyor, on the 29th of Nov. last made application to me for medical advice. I found on examination, a jaundiced condition of the system, with enlarged glands. The abdomen considerably distended from enlarged liver and spleen. The glands of the neck, axilla, and groin, very much enlarged; slightly tender to the touch. No feverish action, good appetite, bowels costive. Ordered Blue Mass and Tincture Cherry Bark.

Saw him again, Dec. 8th. Yellow appearance of skin disappearing. Ordered hyd. potas. and syr sarsap.; ung. iod. to enlarged glands. Saw him almost daily to 25th December, during which time the enlarged glands were rapidly disapppearing.

On the 27th was called to see him; found great difficulty in breathing; could not sleep except in a sitting posture; pulse 120, some cough, expectorating a bloody mucous dullness

The following "General Order" may be of interest to some of our readers:

"Navy Department, Feb. 1, 1854.

"1. Hereafter a Board of Surgeons in the Navy shall assemble annually at such place as may be designated by the Department, about the close of the lecture sessions of the Colleges, for the examination and selection of candidates for admission into the Medical Corps of the Navy. and the examination of the Assistant Surgeons who may be candidates for promotion.

"2. The Board will select from the qualified candidates for admission, such a number of the best as may be necessary to meet the demands of the service for the following year.

"3. As vacancies occur in the Medical Corps of the Navy, appointments will be made from the qualified candidates in the order of succession in which they may be named by the Board; but no appointment will be given to any such candidate who is over 25 years of age.

"4. No qualified candidates will be held over for appointment after one year; but all such must be re-examined, and take position in the class in which they are last examined.

"5. Every candidate for admission will be examined, strictly and carefully, as to his physical capacity for the service; and the Board will make a separate report in each case, which will be forwarded *direct* to the Department, to be placed on file with the testimonials of the candidate. This examination will precede that as to professional qualifications, and no candidate who is not physically qualified will be examined professionally.

"6. In order that the relative position of Assistant Surgeons of the same date, who shall be examined for promotion at different times, may be more readily determined, a majority of the members of the Board will be selected, if practicable, from those who served on the next preceding Board.

"7. Assistant Surgeons, who are candidates for promotion, shall present to the Board testimonials of correct deportment and habits of industry from the Surgeons with whom they have been associated on duty; also, a Journal of Practice, or Case Book, in their own hand-writing. They are expected to be familiar with all the details of duty specified in the "Instructions for the government of Medical Officers."

Of 2128 persons examined in Philadelphia, 240, or more than 10 per cent, were rejected. Of these cases, sixteen were rejected for varicose veins of the legs, eleven for varicocele, twenty-seven for circocele on the left side, eighteen for myopia, nine for ophthalmia, six for blindness of the left eye, sixteen for imperfect forms, fourteen for various cutaneous eruptions, nine for diseased heart, ten for debility from old age, one for rupture in the right groin, and nine for rupture in the left groin.

The experience of Dr. H. in the treatment of syphilis and gonorrhœa is given in the following extract:

> In the treatment of venereal ulcers, my uniform practice was to apply the lunar caustic once or more, then to heal them up with the black wash, or a solution of sulphate of copper or zinc, and if this failed or was not effectual enough, a little mercurial ointment was rubbed near the ulcers. Sometimes the blue pill was taken; in a few cases, when the ulcers sloughed, a solution of ʒi. or ʒii. of nitric acid in ℥viii. of water was applied with certain success. In phagedenic cases, this acid was occasionally used in its pure state, but as it is very severe undiluted, it should never be used if avoidable. The solution is preferable generally, and recently I have employed it oftener than the lunar caustic, as it does not stain the clothes or dressing, is milder, more conveniently used, and equal, if not superior, in healing power. After putting this solution over the chancre, it is brushed over with collodion, which soon dries, and proves a very fine dressing; but as it is apt to fall off from any accumulation of pus beneath, a dressing of oiled tissue-paper or adhesive plaster is then substituted.
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> If buboes followed the ulcers, they were if possible driven back by leeches or blisters, but these frequently failed, and the latter were objectionable from their inducing permanent induration of the skin as well as thickening of it. My practice, therefore, was generally to cause suppuration by applying linseed poultices.—But at Naples the virus of syphilis was so active and violent, that it quickly impregnated the system, acted like the poison of a viper on the parts, producing chancres and buboes in rapid succession, and I found that the best practice was to induce their absorption or suppuration by frictions with mercurial ointment in the course of the absorbents leading towards them. When constitutional symptoms followed they were combated with the syrup and decoction of sarsaparilla, and sometimes with blue mass in alterative doses. Other mercurial preparations were not employed at all, and salivation was never induced, yet very few instances of secondary syphilis happened, and no case was uncured, nor were any bones made carious, as under the old mercurial mode of treating syphilitic diseases, when patients were made to spit by the quart, according to John Hunter's practice. One of the most remarkable cases of secondary syphilis was that of an officer who

contracted two chancres at Malta. They were healed with the nitrate of silver, black wash and lead water, without any apparent constitutional taint; no buboes formed, and yet six weeks after he was first treated for chancres, and some days after he returned to duty, a venereal ulcer formed in both tonsils. His diathesis was highly nervous and sanguine, the ulcers were irritable and inflamed, spread extensively, were very hard to cure and resisted the healing virtues of several gargles, as of borax, sage tea and honey, alone, or united with the tincture of myrrh. When these gargles had failed, a solution of five grains of the nitrate of silver to an ounce of water was substituted, and applied once or oftener every day with a mop. This medicine had the desired effect, and was gradually increased to ten grains, the patient was put on low diet, took five grains of blue mass every night, and a decoction of radix sarsaparillæ ℥iv., senna ℥i., extract of liquorice the same, extract of sarsaparilla ʒi., loaf sugar ℥viii., in a gallon and a half of water, which was boiled down a third. The next day after taking the blue pill he took a dose of powdered rhubarb. Afterwards some sassafras and mezereon were added to the decoction, but proved irritating to the throat, and were omitted. By the above treatment the ulcers were healed in about a month, but the fauces continued inflamed, and a scaly eruption appeared on the scalp, spread downwards over the back, and formed copper colored blotches over all the body and limbs. Not even the pœnis was exempted, and it became covered at the lower part with continuous scabs This eruption was as obstinate as the ulcers in the throat, which re-appeared in a short time, again healed up, and broke out again four months after they first appeared. The solution of nitrate of silver was perseveringly applied to them, and at last effected a cure, with the help of constitutional remedies. In addition to those named, hot bathing in fresh and sea water was used every day, seidlitz powders were substituted for rhubarb after the blue pill, and the skin kept perspirable by dissolving four grains of tartar emetic in a gallon of the diet drink. His condition was soon improved by this change of treatment, his throat and skin assumed their natural state, and he was restored permanently to duty early in August. His recovery was a subject of joy to himself, medical attendants and colleagues, who had been performing his duties so long, and would have probably been obliged to do so indefinitely, had he been treated according to the old routine, and thorougly mercurialized. For his irritable, sanguine temperament, and partly scrofulous habit, would certainly have been aggravated by such practice, and incurable ulcerations and caries been the probable consequences. His case illustrates, too, the very great importance of healing chancres immediately. His were not healed, I understand, from his living on shore when they broke out, and their having been allowed to attain a large size before the medicines mentioned were applied.

The style of the author is open to criticism; but the matter, much of it at least, must be of interest to the young practitioner, and especially to the naval surgeon. J.

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Transactions of the American Medical Association. Vol. VII.

In our last number we noticed the report of the Committee on Medical Education. The next paper is the report of the Committee on the Epidemics of Kentucky and Tennessee. We have only time to examine that part of the report devoted to typhoid fever. In reference to the cause of the disease, Dr. Grant of Memphis says: "Every year's observations but tend to confirm the conviction that the derangements of the *innervation* so palpably prominent among the symptoms characterizing the disease are produced by an unknown *poison* acting on the *nervous system*, through the agency of the *blood*; and that this poison is not the same that originates the intermittent and remittent forms of fever, as is proven by differences in symptoms and duration, and especially by the failure of an universally acknowledged remedy for the *one* to prove a curative agent for the *other*."

Dr. McNelly, of Fayetteville, Tenn., says: "No one in this country saw typhoid fever, and remittent or intermittent fever in the same family at the same time. I have never seen a typhoid fever change into a bilious fever, or *vice versa*. I have conversed with other physicians of this county, who say the same thing."

Dr. Watson, of Hart Co., Ky., says all his cases occurred in ill-constructed and badly ventilated houses. Dr. Barbour, of Falmouth, Ky., says that "chills are much less apt to follow typhoid fever than bilious fever, thereby leaving the legitimate inference that chills do sometimes follow typhoid fever.

It would seem strange that there should be so much conflicting opinions about a disease that has been observed so long and so carefully as has typhoid fever. The truth, we think, is this: the specific disease is modified in symptoms and pathology by the prevailing endemic and epidemic influences. In this city we have seen typhoid fever followed by chills, which were readily controlled by quinine. On the other hand, we have seen cases with distinct exacerbations of fever, in which quinine was of no use whatever. We could not, however, base a diagnosis on this fact.

In reference to the value of quinine in typhoid fever a great discrepancy of opinion exists.

"While Evans, Chambers, and Sutton, of Ky., and Lenoir, of Tenn., recommended its use in the Report made in 1852, and Dille and Swaine, of Ky., recommend it in that of 1853, Hawkins does not mention it, and Grant unequivocally condemns it. Drs. Bradford and Hart do not mention it. It is true that Hart speaks of tonics being serviceable in the latter stages of the disease; and, by implication, may be understood as in some degree favorable to the use of quinia in such states.

"But Drs. McNelley and Grant, of Tenn., and Walton, of Ky., have nothing to say in its favor. Such, perhaps, is a fair representation of the discordant views of the profession in this section of the country as to the use of quinine. In a neighboring village in Scott County, of two gentlemen, partners in practice, one looks upon quinine as little better than poison in typhoid fever, while the other esteems it as emphatically *the* remedy. Where there is such discrepancy of opinion among so many gentlemen of observation and experience, it must be admitted that there is much difficulty in determining the cases in which quinia is beneficial. For it must be allowed that it is sometimes serviceable, or else there is great error in diagnosis. In consideration of the inherent difficulty in arriving at a correct conclusion, we may be allowed to say a few words as to the reasons for its use, and the objections to it. Those who use it do so on different considerations; mainly as an anti-periodic, and as a remedy for irritability, or, as it is frequently called, *nervousness*. That the cold stage, or stage of depression, is as well marked in typhoid fever as in intermittent or remittent fever, is by no means pretended; nay, that it is usually more or less apt to escape observation is fully admitted. But that such cases do occur is certainly true. Take, for example, the following note, at p. 104 of a Treatise on Typhoid Fever, by W. L. Sutton, M.D., of Georgetown, Ky.: 'I am inclined to think that there is frequently a periodical depression in this disease, which escapes observation.—*Ex. g.* While sponging a patient who complained of warmth, and whose forehead felt warm to my hand, I observed a very perceptible *lividity of the lips and of the alæ nasi;* this lividity, indeed, was *perceptible* in the countenance, but would perhaps have escaped observation had it not been for the nose and lips. The toes were very slightly cool. This was all the evidence of depression. Acting upon this hint, I gave ten grains of quinine a few hours afterwards, and repeated it twice a day for several days, with apparently the most unequivocally good effects.'

"These effects were a free, warm perspiration, which lasted about thirty-six hours, an increase of volume in the pulse, and, apparently, the commencement of convalescence.

"The next question is, was this a case of typhoid fever, or was it an obscure case of bilious fever? In answer, I have to say, that the patient was my own son, his case both tedious and bad, in my own house, and of course I was with him myself almost uninterruptedly. I was aided by my professional friends, who, I take the liberty of saying, are worthy to rank with any in the land; and none of us doubted its being a genuine case of typhoid fever. To the usual symptoms of the disease was added the rose spots, which have rarely been observed here, and free hœmorrhage from the bowels."

Dr. Sutton relates several other cases in which quinine was beneficial. Dr. Grant uses it to equalize the circulation, and remove nervous irritation, and says that if he has ever seen any remedy produce an unequivocally good effect in this fever, it is quinine. He has also seen it do harm. Dr. Welton objects to quinine that it increases the frequency of the pulse—sometimes as much as twenty or thirty beats to the minute in the twenty-four hours.

The next paper is on Erysipelas, by R. S. Holmes, M.D., of St. Louis, Mo.

In reference to the treatment of this disease, Dr. H. remarks:

"We are convinced that the proper treatment in all cases, high and low, is that directed to the augmentation of force in the "dynamic," in the nerve centers; and we are not surprised that the popular curative agent is now iron,—in fact, we are pleased that it is so. It is impossible that any agent can go beyond quinine, in our experience. We assert, after a considerable experience in both diseases, that quinine does not cure intermittent fever with greater certainty than it cures erysipelas. There is but one proviso, and that is, that it is given in a sufficiently large dose. The short-sighted timidity [illegible] ysicians is a bar to their success.

We do not give opium as a gentle anodyne, in the same doses that we give it in a mania-a-potu; and we may be satisfied that erysipelas is a disease essentially of a high action and stimulus, requiring a proportional amount of any curative agent. If we have not experience enough, or confidence enough in ourselves, to give quinine in greater doses at one time than six to ten grains, then we had better not try it: it is doing injustice to a faithful agent, to treat erysipelas with quinine if you tremble at a twenty-grain dose of it, or if you are in the habit of treating intermittent fever by "a grain and a half every two hours." Doses like these in erysipelas will only increase the disease; they will heighten the stimulus, when that is the thing you wish to lessen, and at the same time will give no additional power to nerve force. The horror with which some physicians look on the administration of large doses of quinine would be merely absurd, were it not that this is negatively the cause of many deaths, or of long and annoying suffering. Erysipelas is never successfully treated by quinine unless the dose at one time, and repeated according to the occasion, is from ten to thirty grains. If the physician does not know enough about the drug to have the proper confidence in giving this, then he had better resort to tartar emetic, cathartics, iron, etc. These will be more in accordance with his own mental constitution, and not at variance, probably, with that of the patient."

Physicians at the North and East will be surprised at this wholesale administration of the remedy, while those at the South and West will, in most instances, assent to it as judicious. We have been in the habit of using quinine in erysipelas, and have seen it used by others, both in hospital and private practice, but never in doses as large as twenty grains. We do not think it necessary, especially if opium in full doses be combined with it. The Dr. regards quinine as an antidote to the erysipelatous poison He says: "We have seen the disease really snuffed out by the application of a large dose of this remedy."

It seems to us that, granting the truth of Dr. H.'s pathology, namely, that the disease is produced by retained excretions, transformed into poisons in the system, we have two methods of treating the disease, the choice of which should be regulated by our estimate of the activity of the poison and the powers of our patient to resist its action. If the strength be sound, and the vital forces active, it may be sufficient to stimulate the excretions. If, on the contrary, the vitality of the system is low, we may use, either alone or conjointly with the preceding class of remedies, stimulants and tonics. The first, according to our observation, are more generally applicable in the earlier, while the second are more frequently demanded in the later stages of the disease. Dr. H. recommends tartarized antimony as the most powerful eliminating agent in the Materia Medica. For our own part, we should not dare to use it in erysipelas. J.

EDITORIAL.

Prof. Brainard's Prize Essay.

Under the head of critical analysis, the New York Journal of Medicine and Collateral Sciences, for January 1855, contains a notice of the last volume of transactions of the American Medical Association, several pages of which are devotod to Prof. Brainard's Prize Essay on the treatment of ununited fractures &c. With the comments of the writer, on the merits of the Essay we have nothing to do; but he introduces the subject with the following unjust, and in some respects erroneous remarka, viz:

"This pamphlet, of which our Prize Essay is but a translation was originally presented to the Society of Surgery, of Paris, by the author, and on the strength of which, we believe, he was elected a corresponding member of the society. In the early part of the year 1854, it was published in Paris, under the imprint of J. B. Bailiere, in its present form, and, as it would appear, previously to its being submitted to the American Medical Association

The precedent established by this procedure, if followed out in future, resolves the prize committee of the Associations, into a committee of judges on recent publications—thus preventing the important object contemplated in the appointment of the committee. This double triumph of his Essay must be peculiarly gratifying to the author, as evincing a wide appreciation of his talents and investigations. Yet we can but feel that, in submitting it under the injunction of secresy after its foreign circulation, to the American Medical Association for its annual prize, he has not had sufficient regard for its national character and reputation. Representing in its Annual Transactions the progress of American Medicine, it but illy subserves this high purpose, when its prizes are awarded o essays already deferentially submitted to the criticisms of reign societies, and which take the honor, if honor there be, in st publishing them to the world."

The plain inferences to be drawn from the foregoing paragraph are, that the same Essay which was presented by Prof. Brainard to the Prize Committee of the American Medical Association, was first submitted by him to the Society of Surgery of Paris; that such essay served as the basis of his election as corresponding member of said society; that said society had the honor, "if honor there was," of first publishing the Essay to the *world*; and that its subsequent presentation to the Prize Committee of the American Medical Association, was made without "sufficient regard for its national character and reputation"—in other words, it was an imposition on the Association. Now it so happens that not one of these inferences or allegations are correct.

The paper published by Prof. Brainard in Paris under the title of "Memoire sur le Traitement des Fractures non Reunies et des Difformites des Os." was not the *same identical* paper submitted to the American Medical Association. The one is not simply a literal translation of the other. Neither did that paper furnish the basis of his election as corresponding member; nor was it ever published by that society. The simple facts in relation to the whole matter are as follows: Prof. Brainard had been for some time pursuing certain experimental investigations, including the effects of injecting certain substances into the blood, tissues and cavities of the body; the efficacy of different substances in neutralizing the poison of serpents; and the effects of wounds and the presence of foreign bodies, on the growth of bone and the formation of callous. To pursue further these and other investigations, he visited Europe in the Autumn of 1853, and spent most of the following winter in Paris. Soon after his arrival he presented to the Society of Surgery, a paper on Injections of Iodine into the cavities and tissues of the body for the cure of spina bifida, Hydrocephalus, œdema and erysipelas, and at the same time became a candidate for election as corresponding member.

In the mean time he continued his researches in relation to diseased and deformed bones, and published them under the title above given, causing to be printed only a very limited number of copies for the purpose of distributing to personal friends. Having by this very limited publication placed his views on record at a proper date, Prof. B. reproduced them in a more carefully elaborated form, in our own language and presented them to the prize committee of the American Medical Association. Such are the facts in the case. But even if the Essay presented to the association had been an exact copy of the paper published a few months before in Paris, it would have been neither improper nor without precedent.

Thus the Essay of Dr. H. Gray, "on the structure and use of the spleen," which received the award of a Medal from the London Committee, had been regularly published one or two years previous; and yet the rules of the committee making the award in relation to *secrecy* were the same as those prescribed by our Association. And we have the very best authority for saying that there is scarcely a society of note in Paris or elsewhere on the Continent of Europe which has not often done the same thing. We cannot help thinking that the New-York reviewer has but partially apprehended the true object of establishing a Prize Committee in connection with our National Association. If said committee is to receive only papers made up exclusively of *new matter*, no part of which has ever been made public, it is easy to perceive that the amount of matter presented for its inspection will be exceedingly small. Instead of this we think the only conditions prescribed for the admission of any given Essay to an examination and an award, are, that it should be the genuine original production of the reputed author; that it should contain important and valuable additions to our stock of knowledge concerning the subjects embraced in it; and that the name of the author should be, at the time, unknown to the committee.

The object of all prize committees should be, not so much to reward mere novelties, as to encourage all successful efforts to extend the boundaries of useful knowledge. D.

* * *

Homœopathy and the University of Michigan.

We learn from various sources that the Legislature of Michigan at its late session passed an act requiring the Board of Regents of hat State, to appoint a *Professor* of *Homœopathy* in the Medical

Department of the State University at Ann Arbor. Whether the regents will promptly obey this act of folly and thereby destroy the medical department of their University remains to be seen.

Statistics of Mortality.

The following tables, compiled from the records of the City Sexton, are quoted mainly from the columns of one of the daily papers of our city. The first shows the number of deaths in each month for a series of eight years, as follows, viz.:

	'47.	'48.	'49.	'50.	'51.	'52.	'53.	'54.
January,	33.	26.	52.	60.	30.	48.	58.	112.
Feb.,	23.	31.	62.	57.	29.	43.	61.	101.
March,	32.	41.	36.	53.	35.	42.	81.	96.
April,	19.	31.	49.	50.	35.	63.	59.	103.
May,	26.	48.	127.	43.	45.	70.	73.	147.
June,	27.	41.	173.	27.	35.	94.	82.	331.
July,	53.	41.	411.	240.	67.	179.	111.	933.
August,	65.	65.	242.	466.	237.	468.	152.	731.
Septemb'r,	87.	60.	164.	174.	175.	300.	191.	563.
October,	55.	63.	97.	70.	48.	194.	114-	408.
Novemb'r,	50.	65.	61.	46.	45.	86.	90.	200.
December,	30.	43.	42.	49.	54	75.	121.	108.
	500.	655.	1516.	1335.	836.	1662.	1193.	3833.

The larger proportional mortality, in the years 1849, 50, 52, and 54, was owing to the severe prevalence of epidemic cholera. The same disease prevailed, though to a very limited extent, in 1851, while 1853 was almost wholly exempt from its ravages.

The following table will show the mortality of four principal Eastern cities for two consecutive years, viz.:

Deaths.	Philadelphia.	New York.	Boston.	Baltimore.
1853	9,750	21,864	4,369	5,117
1854	11,811	28,458	4,418	5,738
Increase in '54,	2,061	6,594	49	621

From this it will be seen that the year 1854 has been one of unusual mortality in most of the eastern, as well as the western cities. The ratio of deaths to the population in Chicago for a series of eight years is as follows, viz:

1847	Population,	16,859	Deaths,	500	Ratio,	1 in 32,4
1848	"	19,724	"	655	"	1 in 30,2
1849	"	23,047	"	1516	"	1 in 15,2
1850	"	28,620	"	1335	"	1 in 21,5
1851	"	32,000	"	836	"	1 in 38,3
1852	"	38,733	"	1662	"	1 in 24,1
1853	"	60,662	"	1193	"	1 in 50,3
1854	"	70,000	"	3833	"	1 in 18,3

These figures show an annual average ratio of mortality for the whole eight years, of about one in 29, which compared with several eastern cities would exhibit the following results, viz:

Philadelphia,	1	death in every	42	inhabitants annually.
Baltimore,	1	" " "	37	" "
Boston,	1	" " "	36	" "
Chicago,	1	" " "	29	" "
New York,	1	" " "	25	" "

It will be seen by this table that the ratio of deaths in New York is much higher than the average in this city, and in both the ratio considerably exceeds that of Philadelphia, Baltimore, and Boston. This is owing entirely to the greater proportional number of *immigrants*, constantly arriving in the two former cities. In this city, for instance, full one half of the entire population are foreign born, and there is constantly present a large number of new comers, constituting a floating population of several thousand, many of whom are yet under the debilitating influences of a long voyage, and destitute of every comfort or convenience of life. It is from the ranks of these poor people that the cemeteries of New York and Chicago receive their large excess of victims. This truth will be further illustrated by comparing the ratio of deaths in the several cities from some of the more important diseases.—Thus the ratio of deaths in 1854 from

	Philadelphia	Baltimore.	Boston.	Chicago.	N. York
Consumption.	1 in 359	1 in 226	1 in 209	1 in 272	1 in 209
Chol. Mor. & Diarr.	1 in 500	1 in 242	1 in 993	1 in 262	1 in 219
Dysentery,	1 in 1014	1 in 830	1 in 855	1 in 300	1 in 755
General Fevers,	1 in 3012	1 in 1850	1 in 1568	1 in 500	1 in 1240
Inflamation Lungs,	1 in 1096	1 in 1391	1 in 356	1 in 1892	1 in 541
Cholera,	1 in 832	1 in ——	1 in 628	1 in 47	1 in 254

By examining this table, the reader will see at a glance that the excess of mortality in Chicago and New York, is chiefly from affections of the bowels, included under the heads of cholera morbus, diarrhœa, dysentery, and epidemic cholera. In Chicago almost half of the entire mortality was from the latter disease alone; while the ratio of deaths from diseases of the respiratory organs was much below either of the other cities.

We would gladly include in these tables of comparative mortality, the cities of Buffalo, Detroit, Milwaukie, Cincinnatti, St. Louis, and New Orleans, but the necessary figures are not at our command.

Rush Medical College Commencement.

The eleventh annual College term closed on Wednesday the 21st of February, and the exercises of the public commencement took place in Metropolitan Hall, on the evening of that day. The degree of Doctor of Medicine, was confered on 41 candidates, after which a valedictory address was delivered by Prof. D. Brainard. The exercises were interesting and witnessed by a large audience— The past college term has been a gratifying one in several respects. While, as far as we can learn, the number of students attending the medical schools throughout the country has considerably diminished, our class has maintained its full number; and what is still better, a very large proportion of them exhibit evidence, not only of medical attainments, but also of a much more satisfactory knowledge of general science and literature.

The following are the names of the graduates, with the titles to their inaugural theses, viz:

Christopher Goodbrake,	Ills.	on Diagnosis.
Homer C. Rawson,	O.	,, Cholera.
Thomas B. Hanna.	Ills.	,, Opium.
Horace C. Clapp,	Mich.	,, Disease.
Leroy H. Kennedy,	Ind.	,, Scarlatina.
Freeborn F. Hoyt,	Min. Ter.	,, Gonorrhoea.
George T. Goldsberry.	O.	,, Incontinence of Urine.
William Van Nuys,	Ind.	,, Mercury.
James Ford,	,,	,, Hard Engorgements of the Uterus.

Martin Wiley,	Ills.	,, the Study of Medicine.
John McHugh,	,,	,, Typhoid Fever.
Henry Van Meter	,,	,, the Influence of the Mind on Disease.
Elias Wenger,	,,	,, Management of Parturition.
Ross W. Pierce,	Ind.	,, the Digestive Function.
Michael R. Chadwick,	,,	,, the Vis Medicatrix Naturæ.
Thaddeus M. Crombie,	Ills.	,, Syphilis.
Mordecai Davis,	,,	,, the Requisites of the Physician.
Berry W. Cooper,	Ind.	,, Typhoid Fever of Madison Co., Ind.
Isaac Rice,	Ills.	,, Allopathy.
Hugh Russell,	Wis.	,, Pneumonia.
Charles W. Jenks,	Ills.	,, Secondary Assimilation.
Alonzo L. Hutchinson,	Mich.	,, the Toxicology of Arsenious Acid.
John F. McCarthy,	Ind.	,, the Mind and its relations to the Body.
John W. Trabue,	Ills.	,, Dysentery.
Hiram L. Coon,	Wis.	,, Digestion.
Hiram J. Van Winkle	Ills.	,, Physicians and their Duties.
Elisha G. Horton,	Wis.	,, Hemorrhage.
Soloman S. Clark,	,,	,, Physical Diagnosis.
Vernon Gould	Ind.	,, Semiology.
William H. Heller,	Ills.	,, Scarlatina.
Jason N. Conley,	Ind.	,, Chloride of Sodium.
James Evans,	,,	,, Uterine Hemorrhage.
Darwin Du Bois,	Ills.	,, the Physiology and Pathology of the Portal System.
Lewis C. Bicknell,	Wis.	,, Pneumonia.
Charles Gorham,	Ills.	,, Milk-Sickness.
James C. McMurtry,	,,	,, Hysteria.
James F. Grove,	N. Y.	,, Diagnosis.
Jesse Barbre,	Ills.	,, Typhoid Fever.
James M. Sudduth,	,,	,, Fevers.
llen A. Rawson,	O.	,, the Lancet.
eorge A. Byrns,	Ills.	,, Acute Rheumatism.

In addition to the above, an excellent Thesis, written in Latin, was received from Dr. E. S. Cooper of Henderson, Ills., on whom the College had previously conferred the honorary degree of M. D.

◆

"*Our Easy Chair*"

Under this caption, our friend Prof. A. B. Palmer, one of the Editors of the Peninsular Journal of Medicine, published at Ann Arbor, Mich., gave, in his January number, a glowing description of a new black-walnut, spring-cushioned, hair-cloth covered, *easy* chair; with writing stand and apparatus attached. So comfortable did the Doctor feel in his new chair, that he thought it conferring a great favor on his readers to inform them that others just like his could be obtained by sending an order with *eleven* dollars enclosed, to Hewson and Parsons of Auburn, N. Y. Now in this matter of chairs we are a little ahead of our friend Palmer. For on going to the office a few evenings before the close of the recent college term, we were met by a committee of members of the college class and presented with a chair, that *is a chair.*

It is not made of "black-walnut," nor covered with "hair-cloth;" neither was it imported from the "great State Industrial Institution at Auburn," *alias* the State Prison, but its frame work is of the best curl-maple, the cushions of the arms, back, and seat of the richest velvet, the latter resting on easy springs, and the whole put together in the most elegant style by *honest* men of Chicago.—With the chair was presented, not a writing leaf and drawer, but what was a great deal better, viz: one of the most valuable *gold pens and pencil* we ever saw.

And then the kind words that accompanied their presentation by H. C. Clapp, M. D., the representative of the committee; how pleasant, how cheering were they?—We could only give in return for all this a pledge never to *sleep in the easy chair* while science and humanity called for action, nor to use the *golden pen* for any other purpose than the upbuilding of the profession of our choice.

◆

Foreign Honors —We were pleased to learn, a few days since, that our Colleague, Prof. Daniel Brainard, had been elected corresponding member of the Medical Society of Geneva, in Switzerland.

History of the American Medical Association.

Little more than one year since, the enterprising publisher of the New-Jersy Medical and Surgical Reporter, commenced publishing a series of articles on the History of the American Med. Association, accompanied by portraits and Biographical sketches of the presidents of that body. The articles have now reached seven in number, and present a very interesting history of the origin and progress of the Association up to 1851. The portraits thus far given are those of Drs. Nathaniel Chapman Alexander H. Stevens, John C. Warren, Reuben D. Muzzy, James Moultrie, Beverly B. Welford, and Jonathan Knight. These are all excellent plates, and are alone worth five times the price of the Journal in which they appear. We trust that the same enterprize which has called forth this history and the accompanying portraits will give both to the public in a separate volume, as soon as the series is completed.

◆

Index to Volume 3d. We had entirely forgotten to prepare an index and title page for Volume 3d of the new series, until reminded of it by a Subscriber—The defect shall be supplied in our next issue—Several have also applied for back numbers to make their volumes complete. These shall be answered during the coming week.

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THE NORTH-WESTERN
MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.

VOL. IV. APRIL, 1855. NO. 4.

ORIGINAL COMMUNICATIONS.

ARTICLE I.— *Notes of Experiments on Ulcers and Wounds*, designed to serve as aids to the investigation of the Chemical action which takes place on ulcerated and wounded surfaces. By DANIEL BRAINARD, M D., Prof. of Surgery in Rush Medical College, Chicago, Surgeon of the U. S. Marine Hospital and of the Mercy Hospital at Chicago, Foreign Corresponding Member of the "Societe de Chirurgie" of Paris, and of the Medical Society of the Canton of Geneva, Switzerland, etc. etc.

THERE is no surgical disease concerning which our actual knowledge is less satisfactory than that of ulcers. The definition sometimes given, that an ulcer is a solution of continuity of the soft parts secreting pus, amounts to little less than saying that an ulcer is an ulcer. If we adopt a more recent definition and say that it is "a solution of continuity on which a peculiar action takes place," we do but repeat the former, since all that is known of this action is that it forms pus or some fluid having a greater or less analogy to it.

Still, the latter definition has this great advantage over the former, that it leaves it to be inferred that some action, the nature of which is unknown, does take place on the surface of ulcers, a fact which every observing and reflecting person must have perceived, especially when called upon to explain their pathology.

Since it is known that every moistened animal membrane brought in contact with a gas absorbs it by endosmosis, we might expect that an action of absorption of air would necessarily take place on the surface of ulcers, unless this surface is expressly constituted to prevent this action from taking place. To determine this point was the first object to which my experiments were directed. At the same time an opportunity was offered of ascertaining whether an exhalation of gases takes place from ulcerated surfaces.

EXPERIMENT 1ST.

I had the edges of a cupping glass of an oval form, ground so as to fit accurately a surface of ground glass.

This was applied, Nov. 21, 1854, at nine o'clock, A.M., over the surface of a caustic issue, in such a manner as perfectly to prevent the entrance or escape of gas or air. The issue was situated on the fore part of the thigh, immediately below the anterior spinous process of the ilium. It had been formed two weeks previously on account of a rheumatic affection of the hip joint, and at the time of the application of the cup the sides of it presented slight appearances of granulation, but at the bottom the muscular fibres were distinctly visible, the slough having been but recently separated. The issue was near two inches in length, and an inch and a half in breadth.

The cup was removed at 7 o'clock, P.M, after having been on 10 hours.

The cup was found to be much exhausted, the surface of the issue being drawn up as if a part of the air had been pumped out.

The patient stated that it had burned him for two or three hours.

There was on the surface of the ulcer a quantity of gelatinous matter, somewhat like the buffy coat on the surface of inflamed blood. It was about two lines in thickness, and slightly tinged with blood. It gave an alkaline reaction.

The gas remaining in the cup was found to be pure nitrogen. It would not support combustion, and contained no carbonic acid.

EXPERIMENT 2ND.

Nov. 24.—The same glass containing atmospheric air as before was applied at 9 o'clock A.M., and removed at 7 P.M.

The surface of the issue was granulated throughout its whole extent.

On removing the glass the same appearances were noticed as in the first experiment The gas remaining would not support combustion. Tested for sulphuretted, carboretted and phosphoretted hydrogen, it gave no trace of either. Fluid under the cup gave an alkaline reaction.

EXPERIMENT 3D.

Nov. 28.—Cup containing air applied as before at 9 o'clock, A M. The issue presented on its whole surface healthy granulations, and around its edges the appearance of cicatrization.

Cup removed at 7 o'clock, P.M. Same appearances as in the first and second experiments. The tests of the gas gave the same results as in No. 2.

EXPERIMENT 4TH.

Dec. 5.—Cup applied with air as before. Same appearances as in third experiment. Issue covered with healthy granulations nearly level with the surface—cicatrization advancing rapidly.

The fluid found under the cup contained fibrine and exudation corpuscles. Not examined for salts.

EXPERIMENT 5TH.

The cup was applied December 8 at 9 o'clock A M., filled with carbonic acid. It was removed at six o'clock P.M. A vacuum had been produced to a much greater degree than in either of the preceding experiments. Patient complained of pain during the whole time of the application.

Considerable serous fluid and a gelatinous matter was found beneath the cup. Gelatinous matter showed imperfectly formed fibres and exudation corpuscles under the microscope. All the tests of the gas remaining in the cup showed carbonic acid gas.

[illegible] dried on the glasses, cry[illegible] magnesia, and of the [illegible]

[illegible]

[illegible] gas. Issue cicatriz[illegible] reaction. Cup re[illegible] produced. Fluid on the [illegible] gave the reaction of oxy[illegible]

[illegible] granulations rising above the [illegible]

[illegible] gave the same results. It is [illegible] the absorption of oxy[illegible]

[illegible]

[illegible] the chloride of zinc, and [illegible] surface granulated, the cup [illegible] nine hours. At the end of [illegible] had taken place. The [illegible] This experiment repeated twice [illegible]

[illegible]

[illegible] the cup for nine hours, at the [illegible] absorption of its oxygen.

[illegible]

[illegible] applied over a small freshly [illegible] on the thigh of a patient [illegible] from injury of the spine. [illegible] was absorbed, and the cup con[illegible]

[illegible]

[illegible] this wound, a cup was applied over it as before. At the end of ten hours the same result was found as in Experiment 13, and ammonia and sulphuretted hydrogen were found mixed with the gases in the cup. This experiment was repeated once with the same result.

These experiments were made in the wards of the Mercy Hospital, at Chicago. during the winter, the atmosphere being at the temperature of about 70° F.

CONCLUSIONS.

We think the results of the foregoing experiments justify us in drawing the following conclusions:

1. Recent ulcers absorb pure oxygen or the oxygen of the atmosphere without giving out carbonic acid.

2. The same ulcers absorb carbonic acid rapidly—this or its combination with soda on the surface may account for this gas not being found in the cup when oxygen has been absorbed.

3. On ulcers absolutely excluded from air, no pus or imperfectly elaborated pus was found.

4. Chloride of sodium is found on the surface of ulcers, to which carbonic acid gas is applied, and from which atmospheric air is excluded.

5. Chronic ulcers do not absorb gases.

6. Fresh wounds absorb oxygen and eliminate carbonic acid, which is not absorbed.

REMARKS.

It will be seen that recent ulcers absorb oxygen and carbonic acid, like dead animal substance, as muscle or membrane, although this action is not attended by the phenomena of putrefaction.

What becomes of the oxygen absorbed, it is impossible without further experiment to say. It is not improbable that in some cases it combines with the fluids on the surface of the ulcer, and forms an irritating compound, which is the cause of unhealthy inflammation. It is known that air was formerly considered to be poisonous to wounds, and although this doctrine has been abandoned the fact that deleterious effects follow the admission of air to large wounds or suppurating surfaces is undeniable.

Oxygen, when absorbed by dead animal matter, combines with a portion of it and forms a ferment which causes putrefaction. In the living body the perpetual change of the fluids prevents putrefaction.

The absorption of oxygen and the elimination of carbonic acid on the surface of wounds, might be regarded as simply an evidence that the action of respiration takes place there as throughout all the tissues of the body. But it is not probable that this act is so simple. The different effects resulting from wounds left open and those carefully closed, would indicate that some substance is formed on the surface in the former case, which being absorbed causes the constitutional symptoms.

Thsee views are made public at the present time, although in a very imperfect state, in order to attract attention to the subject, and in the hope that they may induce some of the younger members of the profession to take it up, and by a series of careful experiments, determine accurately what are the changes that take place on the surface of the various classes of ulcers. The bearing of the facts thus to be established on questions of physiology and pathology, is it seems to me sufficiently important to repay a careful investigation.

ART. II.—*Nitrate of Silver as a local remedy in Phlegmasia Dolens.* By J. R. MILLS, M.D., of Huntington, Ind.

MESSRS. EDITORS.—I saw in your Journal some time since (if I am not mistaken) the report of a case where some gentleman M.D. had used the nitrate of silver in Phlegmasia Dolens successfully. The idea struck me as a good one, and I determined to give it trial the first opportunity, and that happened recently in a case of M. Y., aged 30, and in her fourth confinement. Dr. W. was her attending physician When I was called in consultation he informed me that the leg had commenced swelling on the fifth day after her confinement, and had continued to do so until I v her, which was on the 12th day. I recommended the painting of the leg entire with a strong solution of the nitrate of silver of sufficient strength to produce vesication after the second application. Upon opening the blister the fluid seemed of an opaque color, and of more consistence than in common cases. I directed it to be dressed with cabbage leaves for four days, by which time the pain had entirely subsided, the swelling nearly gone, and the patient could flex or extend the leg at will without much inconvenience. I think the remedy deserves further trial from the profession.

ART. III.—*Chloroform:* its Uses, etc. By P. A. ALLAIRE, M.D.

THIS powerful agent is now in the hands of nearly every physician, but its numerous uses are not yet well understood, nor have I seen a good resume of its properties and effects. Chloroform is used in three methods:

I. By inhalation.
II. By the stomach; and
III. Locally.

Its effects when used by inhalation are:

1. Anæsthetic, relieving present and preventing anticipated pain.
2. Relaxation of Tissues.
3. Production of Sleep.
4. To prevent and relieve spasm and convulsion.
5 To procure perfect quiet, necessary in some operations.
6. As an anti-emetic.

1. To produce anæsthesia is the most common reason of the use of Chloroform in practice; with this view it is much used for the relief of Neuralgia, and some cases are recorded of cures from it in this affection, but its curative effect here is more frequently secured when given by the mouth, and it is often of much efficacy when locally applied. In all the more painful operations, the Anæsthetic effect of Chloroform is now generally had recourse to, especially where "shock" is feared. This depressing effect on the nervous system is in a great degree prevented, and surgeons have justly and generally accepted Chloroform in these cases as a great

boon; it also in many instances of severe operative proceedure leaves the patient in that quiet placid condition which so greatly tends to secure natural sleep, and every surgeon knows the importance of this state as tending to promote a good recovery.

In the minor operations it should never be had recourse to, the pain and shock being slight, there is no propriety in incurring any risk. The only case in which death followed the inhalation of Chloroform in this part of our country, was, where it was given to prevent pain on the removal of part of a finger. Its use is also now common in labor, but it should be used here only when this process is unusually painful or where some operation is to be performed. In parturition where relief of excessive pain is the object, Chloroform does not require to be given in such large doses as in surgical practice, the intention here being to keep the patient in a semi-conscious state, the uterine contractions being in this condition unaffected. When the handkerchief is used an ounce an hour is usually sufficient, a smaller quantity is oftener required than a larger. If necessary the woman may be kept in this way for hours together with safety, where the agent is good, is carefully used, is not improper from local disease or idiosyncracy and she is allowed to come from under its influence every hour. This is necessary that we may know that all is going on well.

If an operation is to be performed on the parturient female, the Anæsthetic as a general rule should not be given, except in turning, and after labor, in extraction of the placenta, but if necessary in instrumental delivery, as it may be from great nervous irritability, timidity, etc.; then a perfectly passive and apathetic state should be induced, before an instrument is introduced, and this should be kept up until they are removed, for the very evident reason that unless the woman is perfectly insensible there may be involuntary motion, and each movement of her pelvis while instruments are within it endangers the injury of the contained organs, perfect quiet is therefore all-important. When the hand only is present the sleep may be less perfect. The safe way is in these operations never to give chloroform. The careful man operating always wishes to ask frequently the question, "Ma-n, do I hurt you."

2. Relaxation of tissues is perhaps more thoroughly effected by Chloroform when inhaled than by any other known agent. The warm bath, opium, tartar emetic, venesection, &c., should however always be used in preference when they will effect our purpose, as being safer in our present knowledge. But when they fail as they often will, or when we are well assured they cannot succeed. then we may rely with much confidence on the relaxation produced by Chloroform. We must however in these cases produce the full effect of the medicine. Dislocation of the femur, compound fracture, and to promote the taxis in hernia, are the chief if not the only known cases in which it is necessary to use it for this purpose.—Many cases are now on record of hernia reduced, when an operation would doubtless have been performed had not this agent been known; its action here is not only by the relaxation produced, but also by preventing the pain induced by the necessary manipulation and that vast involuntary muscular resistance which is always made under these circumstances.

3. In the production of sleep, Chloroform is often an admirable agent; many cases of Delirium Tremens have been successfully treated by it, and that restless, sleepless state which often occurs in Typhus and Typhoid fevers, and which always ends fatally if sleep is not soon had, may be frequently relieved by the inhalation of Chloroform. I however generally prefer in these circumstances to give it by the stomach because where Hyperæsthenia Cerebri is present, there is always much exhaustion and depression of the nervous system, and as Chloroform is a powerful sedative when given by inhalation, it will not be found so safe as when taken in the stomach, for in this mode of exhibiting it, it has a very slight stimulating effect, and in these peculiar cases a very excellent soporific influence; but remedies in delirium and especially in Delirium Tremens cannot always be given by the mouth in consequence of violent resistance by the patient, then Chloroform by inhalation if carefully watched and perseveringly used, frequently leads to the best results. It should not here be carried to its full extent: the moment quiet is induced it should be suspended, and the opportunity seized for the administration of stimulants or other needed remedies, the Chloroform being resumed

again before its effects have entirely subsided; generally it will be found most useful in those instances which are usually called "sthenic" and which are the very ones least likely to be benefitted by the usual opiate treatment.

4 To prevent and relieve spasm and convulsion. Chloroform has been used successfully in tetanus, traumatic and idiopathic.—It should not be carried to its full extent if less will effect our purpose, as in all cases of tonic spasm (not local) the nervous system is rapidly exhausted. Might not its administration by the stomach in large doses here be useful? In hydrophobia it is the only effectual agent we have to smooth the passage to the grave.

A considerable number of cases of chorea, asthma, colic, dysmenorrhoea, hiccup, hysteria, and some anomalous forms of spasm are reported as being benefitted and some cured by the inhalation of Chloroform. The relation of a single case will perhaps best illustrate the use of the remedy in this class of affections:

CASE.—Was called to Mrs. —— on the evening of July 30, 1853. Is now nearly six months in pregnancy; a robust, healthy woman, aet. 38; has had six or seven miscarriages in the last six years, always about the sixth month. When I have attended her on these occasions the fœtus and placenta have been of a perfectly normal appearance, and she has had no apparent uterine disease in the intervals. She has heretofore usually been treated with bleeding, opiates, and rest. Her symptoms are the same now as they have uniformly been in former miscarriage.

Present Condition.—Acute persistent, lancinating pain in the right side of the uterus, a little tenderness on pressure, pain increased on motion, cannot lie down, diarrhœa, pulse full—80, tongue natural, appetite good, no expulsive effort or hemorrhage, has been in this condition thirty-six hours. Treatment.—Venesection, ℥xv.

℞ Chloroform.
Ol. Olive.
Of each equal parts—Mix.

The liniment to be freely rubbed over the seat of pain every hour and then a flannel cloth saturated with the liniment to be laid on and covered with oil silk; if sleep is not obtained in two hours then to inhale from the bottle of liniment till perfectly relieved.

July 31, Morning—Had some relief from bleeding and liniment, but could not rest; then inhaled from the bottle and had some sleep; looks rested and more cheerful; diarrhœa better; still some pain; has passed the night in easy chair. To restrict diet and continue chloroform locally and by inhalation.

Aug. 1.—Can walk around comfortably, had a good night, diarrhœa ceased. To continue chloroform as needed.

This woman went her full time, and had a fine healthy child after an easy labor. She was bled again in October for plethora, and used the chloroform almost daily for about five weeks after last report, August 1.

Among the most interesting forms of disease in which chloroform has been used is Convulsions, puerperal, infantile and epileptic. A most interesting case of infantile convulsions, treated by Prof. Simpson, may be found in Braithwaite's Retrospect, part 25, page 71, in which a child twenty-eight days old, used ten ounces of chloroform in 48 hours by inhalation, after which there was no recurrence of the affection. In the puerpural form it is now often used and in the proper cases with excellent results. Epilepsy has not been so frequently treated with it, but when the fits recur rapidly it would seem to offer the prospect of usefulness by suspending the action of the exciting cause. In all this class of cases, it is necessary usually to produce its full effect, the rule being, *to give it only in those cases where there is absence of centric disease.* How far it may be useful when there is disease of the brain or spinal column has not yet been tested, but it would seem as if there might be cases in which it would relieve suffering with safety, and thus prolong life and give more time for the action of other remedies.

5. To procure perfect quiet. This is necessary in some operations where anæsthesia is not needed. The following case is an instance, and will indicate sufficiently well those cases:

CASE—A lad about six years of age was brought to me with a cherry stone in the external auditory canal. It was in contact with the tympanum, and filled the diameter of the tube. Some attempts had been made at extraction, and the meatus was a little tender; consequently the child would not allow the approach of an instrument. And although be was rolled in a sheet, three stout persons could not holdhim still enough to allow me to act with safety. Chloroform was now given by inhalation until perfect insensibility was induced. The cherry pit was then removed without trouble.

6. As an anti-emetic Chloroform has been inhaled for the purpose of keeping the stomach quiet in cholera, mainly with the view of getting thus the action of other remedies. I can very well suppose that it might be useful in obstinate vomiting from other causes as in pregnancy and in some forms of stomach disease.

The subject of inhalation will not be complete without some remarks on the rules for administering this agent, its effect on the system, and treatment for the asphyxia produced by an over dose.

Rules for its administration: A good article only should be use , one of perfect purity can seldom be had. Chloroform should be once and a half heavier than water, and the fruity odour should not be strong. I am not aware that anything more deleterious than self is ever present even in the worst specimens, the difficulty with such, is, the irritation produced in the air passages, and the failure to induce anæsthesia. The patient being placed in the recumbent position and the operator having ascertained that there is no disease of the heart, brain, or lungs that would unfavorably modify its effects, should pour the fluid on a cloth or handkerchief of small size, and hold it within three inches of the mouth; thus the air will be so freely inhaled with it, that the patient will get about five volumes of air to one of chloroform. And this is near enough to the amount needed for practical purposes and the safety of the subject. Not more than two drachms should be used to begin with for an adult, less proportionally for children. When it has vaporated, which will be within three or four minutes, a short interval should elapse, and if the effect wanted is not produced, the dose should be at once repeated, increased, or diminished, and so on until we attain the desired result. During this procedure, the pulse, eye, and respiration should be carefully watched, the effect produced being the guide and not the quantity used. . If the eyes turn up, respiration becomes enfeebled, slow or sterterous, the pulse flags, and the skin cold or wet with perspiration. Then the administration should cease at once. Anæsthesia sufficiently perfect for operating is almost always induced before this condition comes on, and may be known by there being no involuntary winking on touching the eye-lid or eye. In some cases the eyes also turn up in this stage, and there is involuntary contraction of voluntary muscles, but these symptoms alone do not contra indicate the continuance of anæsthesia.

On infants the action of Chloroform is quick, and they throw its effects off rapidly. As age advances, its action is more gradual. Old persons come from under its influence slowly. This dissimilarity between age and childhood is owing to the difference in the activity of circulation and respiration in the two conditions, in both extremes therefore greater caution is necessary in its exhibition.

Chloroform is not forbidden in cases of great debility and emaciation, or where the system is suffering from the severe "shock" of some great injury, but stimulants should generally be first given in these cases. An empty stomach is desirable, but circumstances will not always allow this, yet if it is so full that it must interfere with respiration in anæsthesia a zinc emetic had better first be given. Food should not be used for some time after the inhalation of chloroform, two or three hours is generally long enough to wait, if taken before vomiting is very apt to follow.

Effects on the system.—When inhaled chloroform acts as a stimulant to the parts frequently exciting cough, &c., this soon subsides, and it speedily enters the circulation and is carried to every part with the blood. This hydro-carbon thus acts directly on the whole cerebro-spinal system destroying its nervous energy and paralysing its functions, as a consequence, sensation, respiration, and the hearts action cease if the dose is sufficient, and death follows from a true asphyxia. Where the chloroform is given more carefully and in less quantity, this overwhelming effect is not seen, the first effect is here often some involuntary motion restlessness or delirium, this generally soon subsides, respiration becomes slower and deeper, pulse slower, voluntary muscles lose their power, eyes turn up and the pupil contracts sluggishly : there is now perfect anæsthesia. If carried further, danger is to be apprehended, and may be known by feeble pulse, respiration slow and feeble, gasping, or stertorous. pupils dilated, and sometimes profuse perspiration and a cold palid surface. "In death from chloroform the respiratory movements cease first, the heart continues to act for some time longer and its then failing is in consequence of the respiratory movements having ceased."

After anæsthesia there is often consciousness long before there is any muscular power or much sensation, and there is sometimes peculiar nervous conditions left so various as not to be described, and lasting for months. Insanity has also resulted but has always so far as recorded cases go, been recovered from in a period of a few weeks.

Post Mortem Appearances.—"After the most powerful doses the lungs are collapsed, the blood natural in color and consistency, the heart placid and empty, or the right side moderately distended by the cava and the left ventricle contracted. The brain is natural. But when death is less instantaneous, the lungs are congested, ecchymosed, emphysematous, the right side of the heart and cava distended sometimes enormously; the sinusses and membranes filled with blood."

Treatment of Chloroform Asphyxia.—The patient if not already recumbent should be laid down in a current of fresh air if possible, and artificial respiration at once commenced and perseveringly kept up. This can always be done from mouth to mouth, moments are not to be lost in waiting for instruments; after each insufflation, pressure must be made on the ribs and abdominal mus- to expel the air; thus imitating the natural act. This plan first recommended by M. Ricord should not be interrupted for any other means, but persisted in at least for fifteen or twenty minutes, even if the hearts action has ceased. An occasional current of galvanic electricity might be passed through the chest, or if the heart does not act then through this organ. Dashing the face and chest with cold water might once or twice be used at the very onset of fatal symptoms. No attempt to give any fluid by the mouth should be made, it will be as likely to run into the lungs as stomach. Some very successful cases of treatment by artificial respiration will be found in Braithwaite's Retrospect, part 28, page 215- 16 and 29. The tongue during this process must be held by an assistant with an instrument, either out of the mouth with a hook or forcess, or kept in its place in the mouth with a spatula. This is very important as the organ is apt to fall back and fill the glottis.

If signs of returning consciousness follow these efforts, dry external warmth should be applied, and as soon as the subject can swallow some warm diffusable stimulant should be given and repeated from time to time until the pulse and respiration are established.

It may be here stated that about fifty cases of fatal asphyxia from chloroform are on record, that there have been double this number never reported, it would be safe to assume.

Aurora, March, 1855.

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ART. IV.—*Cases from the Note Book.* By OWEN LONG, M.D., of Jacksonville, Ill.

IN presenting the following cases to the readers of your Journal I would state that it is not done because there is anything new or important in them, but because it is the duty of every professional man to give his experience in the use of any new article that may be introduced to the notice of the profession.

It is several years since Anæsthetics were introduced as articles of the Materia Medica. Each year has only added to the value of that contribution, and the discoverer or discoverers should not be compelled to wait any longer for that reward which they have so richly merited. I would further state that both ether and chloroform have been freely used by physicians in this section of the State without one bad case resulting from their use; on the contrary, our experience has satisfied us that the discovery of the means of producing uncontrollable anæsthesia, has been one of the greatest blessings bestowed upon man.

Jan. 24, 1855.—Called to see Charles, a German, aged 25. He was out in the storm of Sunday, 21st January, traveling about all day. His boots being full of water, his feet soon became so much frozen that he could no longer walk in this condition. At three o'clock, P M,, he crawled into a haystack, and remained there till next morning. His hands, ears, face and feet being frozen badly, when he was brought to the Morgan county alms-house, of which I am physician. I was satisfied from inspection, that in consequence of the wet condition that his feet were in, that all vitality had been destroyed in them by the intense cold of that awfully stormy day and night. All the usual means in such cases were applied, and although I had the pleasure of seeing his face, hands, ears, etc., restored to their former condition, yet I was much pained to find, on the morning of the 4th of February, two weeks after the exposure, unmistakeable signs of gangrene; by the next day the line of demarcation was so plain and certain that upon consultation with Dr. Prince, I determined to remove both limbs as the only hope of saving my patient, who had begun most unmistakeably to exhibit symptoms of debility. The whole of both feet below the malleoli now presented the usual gangrenous appearance and from his entrance into the Institution till now, had never made any other complaint except of a very deep seatied and *heavy* pain, to use his own expression, in the middle of his foot. This I have no doubt was produced by that extreme degree of congestion, which immediately precedes gangrene, and which was confined to the inner structure of the feet.

All things being prepared he was very soon reduced to complete insensibility by the use of chloroform, having first attempted to induce anesthesia by the use of Ether, which completely failed in this case, to even partially effect him. Both legs were then amputated about four inches below the Patella, the arteries were taken up, the flaps were approximated by stitches and adhesive straps, the bandages, etc., were all applied, whilst he was still under the influence of chloroform. He was much rejoiced to find that all was over and he had not felt any pain. Is not such an article a great boon to suffering humanity?

Feb. 10, 6 P.M., 1855.—Call to see Ella, aged 30 months. She was taken with convulsions, which had continued without interruption to this time from 1 P.M. During the afternoon she had been under the care of Dr. Cassell, a very excellent and judicious practitioner, who had administered the usual means without producing any relief. Her pupils were very much dilated. As she had been freely *puked* and *purged*, I opened the temporal artery and obtained as much blood as I desired without benefit. I now learned that she had fallen from a chair upon the back of her head, receiving a very violent concussion of the brain. I was now satisfied, from the great dilatation of the pupils, that effusion had taken place, and that she was beyond the reach of all remedies. I however, with Dr. C.'s approbation, immediately put her under the influence of chloroform. The convulsions immediately ceased, and she would remain as tranquil as if in the sweetest sleep until its influence would pass off, when twitchings of the eye would indicate its return. A few inhalations however would soon tranquilize the system, and thus the hearts of her parents were saved from witnessing the cruel writhings and contortions of this excruciating disease which had afflicted the patient all afternoon. Relief from spasm of any kind is a great boon; here it is doubly so. Although we may not cure, still we may smooth the passage to the grave by the use of chloroform. In cholera nothing is more efficacious than chloroform to relieve its frightful spasms.

Feb. 12, 1855.—Called to see Mrs. C., aged 20 She had been delivered of twins, 48 hours intervening between the births. The last child had been born about thirty hours, both after-births had been retained by an hour glass contraction of the womb.

The physician in attendance failed in all his efforts to extract. External and internal organs of generation very much swollen and extremely tender to the touch, so much so that she could not allow me to introduce even my finger into the vagina. This was a very interesting case, one that would show the invaluable character of chloroform during my efforts to relieve this lady, who ever since the birth of her last child had been tormented with constant and continued efforts of the uterus to rid itself of its contents.

This patient was soon brought under its influence, the hand was readily and without difficulty or pain introduced and passed through the stricture or contraction, up to the fundus uteri, to which I now found the placenta were both firmly adhered. They were however readily removed by the operation of *peeling*, and my patient was thus rescued from the jaws of death.

I would add my advice to my professional brethren always to use ether or chloroform in all operations where much pain and suffering may be expected.

Reasoning a priori, would not anæsthetics be productive of much relief in all cases of jactitation and restlessness in fever, would not its use immediately allay all excitement, of whatever kind it might be, unless in that of a highly sthenic character, such as generally attends our fevers of an active inflammatory condition. I do not remember of having ever seen the use of chloroform advised as above, and if it has never been used I would beg leave to call the attention of the profession to this subject.

With these few items of a practical character, I leave the subject with your readers, only adding that the mode of administration has always been by wetting a handkerchief with a drachm or two of ether or chloroform, and thus applying it to the nose until its effects are produced. My rule always is to use ether, if it will answer; if it does not, then use chloroform without much delay.

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[Dr. Davis,—Dear Sir: I think you will find the enclosed note of sufficient interest to deserve insertion in your Journal. As illustrating the existence of an animal poison hitherto unknown, or the action of an old one in an unusual manner, the case it describes deserves to be put on record, deficient as it is in details. Your obedient servant, D. Brainard.]

Dr. Brainard.—*Dear Sir:* I write to you for the purpose of gaining some information in regard to a very singular case of supposed poisoning now in this city, under the medical care of my preceptor, J. H. Hershey and his partner, Dr. Cass. The history of the case is as follows: The patient is a boy ten years of age. He says that he was bitten by a rat in the night, while in bed There are two small wounds or marks on his upper lip, which are about the size I should suppose would be made by the teeth of the rat. The patient did not experience any bad effects for a week after he had been bitten, at which time the part bitten began to swell, and the swelling extended itself to the greater part of the face and neck. The part is rigid to the touch and rather insensible. All the glands of the system appear to be affected; they are swollen, causing a considerable stiffness in most of the joints; the circulation is excited, but not extremely so; the pulse rather frequent and full. It has been treated locally by the application of the tinct. iodine; constitutionally, by iodide potassa and tonics.

Now, I r, inasmuch as the attendant physicians are anxious that their patient may recover, and I am solicitous to know your opinion of the case, you will have all our thanks for any information you may be pleased to send us. In short, Dr., we want to know whether the bite of the RAT is poisonous or not.

Yours respectfully, J. J. MORGAN.

SELECTIONS.

From the Dublin Med. Press.

A New Broth for the Sick. By Prof. JUSTUS LIEBER.

To prepare this broth. half a pound of the flesh of a recently killed animal (beef, or the flesh of a fowl) is chopped fine, and well mixed with a pound and an eighth of distilled water. to which four drops of pure muriatic acid, and from half to a drachm of common salt, have been added. After an hour, the whole is thrown on a common hair sieve, and the fluid is allowed to run off without pressure. The first portion, which is turbid is poured back, until the fluid runs off clear. On the fleshy residue in the sieve half a pound of distilled water is thrown in small portions. In this way a pound of fluid (cold extract of meat) is obtained, of a red color, and an agreeable taste of broth. The sick are allowed to drink a cupful. cold, at pleasure. It must not be heated, as it then becomes turbid, and deposits a thick coagulum of animal albumen and hematine.

The sickness of a young female servant, from typhus, in my house, gave occasion to this preparation. It was called forth by a a remark of my medical attendant, that, in certain conditions of this disease, the greatest difficulty, which presented itself to the physician, lies in an imperfect digestion—a consequence of the condition of the intestines, and the difficulty of obtaining food suitable for digestion and the formation of blood. Generally, broth prepared by boiling is deficient in all those ingredients of meat which are necessary for the formation of the albumen of the blood, and the yoke of an egg, which is added, is very poor in this substance, as it contains, on the whole, 82½ per cent of water and 17½ of egg albumen, or a substance analagous to it, and whether this substance, in its nutritive qualities, is equal to the albumen of flesh, is, according to the investigations of Magendie, at least. doubtful. Besides the flesh albumen, the new broth contains a certain quantity of hematine and therein a large quantity of iron necessary for formation of blood corpuscles, and, lastly, the muriatic acid for digestion. A great hindrance to the employment of this broth in summer is its changeableness in hot weather. It undergoes fermentation, as sugar with yeast, without giving a disagreeable odor. What substance causes this change it is very desirable to ascertain. On that account, the flesh must be treated with very cold water, in a cool place. Ice-water and cooling with ice removes this difficulty. But, above all things, care must be observed that the flesh is used fresh, and not several days old. In the hospitals of Munich, and in private practice, this broth has been employed with great advantage.—*Annales der Chemie and Annals of Pharmacy.*

Use of the Microscope in the Diagnosis of Cancer.

In a recent number of the Gazette des Hopitaux, we find the following sensible view taken of the use of the microscope in cancerous diagnosis:

What are the microscopic characters which have been assigned to cancer? Without entering into the details of microscopic anatomy, we shall content ourselves with indicating the principal results that have been received. A cancerous cell or globule is found, enclosing cellular contents, and one or more nuclei, in which nucleoli is found; but the form of this cancerous globule is far from being constant, being rounded, oval, spherical, often irregular, and presenting prolongations, which have been designated under the name of horus, and which themselves enclose numerous nuclei of cancerous globules. Sometimes even the cancerous cell is wanting, and there are only nuclei enclosing nuclei. Such is the nucleolated cancer. Such are the characters which have been assigned to tumors designated under the names of scirrhus and encephaloid. But are these the only cancers? No; for there are other tumors, which, like the two last, have the melancholy privilege of recurring, either on the spot, or in the entire economy. Such are the tumors which have been designated under the names of fibro-plastics, of cancroids, and of epithelial tumors. These are not rrue cance s, for elements of another nature have been found in them. In the fibro-plastic tumor are found fusiform globules, lengthened at their extremities, and terminating in true fibres. In epithelial tumors are found cells of which the structure is similar to that of the epidermis or of the epithelium of mucous membrane. Besides these, there are the enchondroma and the melanotic tumors, which also often re-appear with great rapidity, and in which are found elements differing from those just mentioned. Here, then, we have a certain number of tumors, which have all one of the most important clinical characters of cancer—that is to say, which recur, and in which, nevertheless, we do not find the true elements of cancer, that is to say, the cancer cells.

The principal objections, therefore, made to the microscope are, that in the cancer are found cells extremely variable in form. and not always presenting a character of identity; that homœomorphic characters are found in other tumors; and that these tumors sometimes re-appear with as much rapidity and as fatally as true cancer. To these objections the microscopists reply by observing, that no matter what may be the anatomical element of tumors, they have, when they re-appear, their primitive characters; and although some exceptions seem to contradict this theory, we are of opinion that the microscope has been eminently useful in enabling us to make a more accurate anatomical description of such tumors than would have been otherwise possible. In fact, it has indicated their place in nosological classification But, it may be asked, if clinical observation justifies the classification of tumors, as made by the microscope? Yes, in a great number of cases In fact, every surgeon has had opportunities of verifying that the march of cancroids is very different from that of scirrhus and encephaloid cancers True, it matters not which of these tumors it is, the patient always ends by succumbing; but it is to be remarked, that the march of the disease is far from being the same. Of course there are points of identity, since these diseases were for a long time confounded. The same remark may be made of fibro-plastic tumors, which re-appear on the same spot, or in some other part of the economy, but which often present symptoms of a peculiar character.

Another much more serious objection which has been made to the micrographic examination of epithelial and fibro-plastic tumors, is, that they are composed of elements which exist as well in the economy. Thus, in the adjurated chancre, and in the tissues indurated by inflammation, are found fibro-plastic elements, and yet these latter affections have a march which is entirely their own. They do not recur. In warts and syphilitic vegetations, epithelial cells are met with. True, warts recur, as do all vegetations, but this is the one point of contact they have with cancroids; for what can be more dissimilar than those benignant alterationss and an affection which almost always kills! And it is impossible for the microscope to indicate which of these fibro plastic and epithelial affections are susceptible of affecting the economy.

We think, therefore, that instead of merely describing cancerous tumors characterized by a cell of a particular form, there is room for admitting many species of cancer—the fibro-plastic cancer, the epithelial cancer, the encephaloid cancer, the scirrhus cancer, and the melanotic cancer. Each of these species of the genus would have a generic character, that is to say. its re-appearance, and would have, for specific character, the anatomical ent established by the microscope. Possibly, the microscope may discover a generic character in the different tumors first enumerated, but it is certainly not the cancerous cell which should be taken as the point of departure; since it does not exist in a certain number of tumors, which are very properly designated under the name of cancer.

Other objections which have been made to microscopic observations. appear to us of no great force. Thus. it has happened, that where one micrograph has established the existence of the cancerous cell. another has not found it But it may be remarked. that one or more errors on the part of an observer, should not be imputed to the method itself; there are so many causes of error in an instrument requiring such delicate management, that a slight turn of the screw is sufficient to change the whole aspect of the tissues Besides in doubtful cases, how often do we see two practitioners of equal skill differ in their diagnosis? In such cases. one at least must be wrong, and yet the science of the other may justly remain indisputable.

In the actual state of things, we cannot except all that the microscope asserts; but we may say, that it has already rendered great services. and we do not doubt, that it will continue to do so. It is opened to the reproach of having advanced too far, and of having too readily disregarded clinical observation, although it was there it found the facts which it has used to establish its doctrines. We must add. however, that more recently the attentive examination of facts has enabled it to adopt conclusions more in harmony with the actual development of disease.---*American Med. Monthly.*

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A Case of Vertebral Dislocation. with Favorable Termination.

By J. U. Hickerman, M. D, Tiffin City, Ohio.

On the 11th of December, 1852, as I was returning from a ride to the country. in passing R Good's residence, I was accosted by his lady with, "Oh! Doctor. come in quick; you were sent for, but being absent we have sent for another Doctor, who, however, has not yet arrived"

Upon entering the house I found a female of considerable more than ordinary size lying in bed upon her back, in an extended position, with the head slightly turned to the right. The surface of the body was but little below the natural temperature, pupils dilated, pulse absent at the wrist and elbow, heart's action feeble and scarcely perceptible, respiration absent, except an occasional (one in about two or two and a half minutes) gasp.

I learned from the bystanders that the patient had been thrown from a wagon, the wheels of which had traversed the epigastric and hypochondriac regions of her body.

At first I looked upon the case as one in which organic life was partially suspended, as a result of the shock produced by the fall, and dispatched a person to a neighboring grocery for some brandy, which arrived simultaneous with Dr. E. Reeme, of this city, who had been summoned during my absence.

The brandy was given, first cautiously, afterwards more liberally, without at all, for some time, effecting the circulation. I now advised Prof. Good and lady to send for the friends of the patient, (she being a domestic in the family.) inasmuch as we feared the existence of internal hæmorrhage, and that death would ensue, without a probability of surgical relief being afforded.

After the lapse of some time the pulse became perceptible at the wrist, at first feeble, but soon distinct and of moderate fullness, but irregular, and in quantity of from sixty to ninety to the minute, not beating at the same rate for more than from five to fifteen continuous seconds.

I now suggested to Dr. R. the propriety of artificial respiration, which was commenced and continued for about the space of half an hour.

Vertebral dislocation, at this stage of our proceedings, suggested itself to my mind, and thrusting a finger into the pharnyx of the patient, discovered a well marked, and easily distinguished prominence, at the junction of the fourth and fifth vertebra.

Upon this discovery I said to Dr. R: "If you put your finger down her throat you may detect the nature of the case." Upon examination Dr. R. said: "it (the protuberance) was very well marked."

After a little reflection I seized the patient's head under my left arm, with which I made traction, and with the index finger of the right hand in the patient's throat, I made firm pressure obliquely upward, backward and to the left; after continuing this pressure for about forty to fifty seconds, the part against which the finger was placed gradually, yet quickly, receded in the direction in which the pressure was made, and instantly as quickly indeed as the act could possiply be executed. the patient opened her eyes, and natural respiration was established. The patient immediately became conscious of what was transpiring about her, recognized the persons present, and upon being asked if she was suffering any pain, signified by signs (being unable to speak,) that she had, and when asked its locality, referred to the epigastric and hypochondriac regions.

Two hours after the above occurrence I again saw the patient. and found her comparatively comfortable. with a pulse of 80, somewhat small and hard, and respiration nearly natural. At 7 o'clock P. M., eight hours after the occurrence of the accident, tion had ensued, accompanied with hot surface, accelerated breathing quick, full pulse and thirst; blood was now abstracted to the amount of about 25 oz, a saline cathartic ordered, and Tart. Emet given in solution in sedative doses, and the patient was speedily restored to perfect health, which has been uninterrupteply enjoyed up to the present time, a period of twenty-six months.—*Ohio Med. and Surg. Journal.*

Indications for Treatment in Fever afforded by the state of the Heart.

In one of the Clinical Lectures on Fever, delivered by Dr. Stokes, in the Meath Hospital, Dublin, and reported by Dr Lyons, are these very important and practical remarks:

"I have sometimes observed that students were under a misapprehension about the doctrines which we have long held in this hospital with respect to the condition of the heart as a guide for the use of wine. They have come to the erroneous opinion that we are only to give wine where we find the want of the first sound of the heart and that we are not to givé wine where the heart is acting well. This is a mistaken view of the matter. What we have established as to the state of the heart in connection with the effect of stimulants, is simply this,—we have ascertained that the efficacy of stimulants is often directly as the debility of the heart. It has been also ascertained that the power of bearing stimulants, their effect upon the nervous system, their good effects on the general condition, are directly as the weakness of the heart. We may lay down as a rule, that there are three conditions of the heart to be looked at by the practical man in the treatment of fever. In one, we have an excited heart —a violently excited heart all through the case; and this heart may be excited and violent, although the symptoms be those of extreme adynamia, although the surface be cold, the breath cold, and the pulse so feeble that it cannot be discovered. Nay, the heart may act with great force for several days and yet there be no pulse at the wrist. This is one case. In the next case, we find exactly an opposite condition, in which the systolic force of the heart is diminished. This is shown by loss of impulse of the heart, by diminution of the first sound, and, in certain cases, by extinction of the first sound of the heart while the second remains. This is a case which calls for wine, and in which you should give it: it is a case in which, in the vast majority of instances, wine will agree with the patient. There is a third set of cases in which the heart does not seem to be implicated at all in the course of the disease, in which, notwithstanding the existence of the most extraordinary group of symptoms affecting various organs, the heart, in the middle of the storm, seems to be in a state of calm and gentle quiet. If we compare these three sets of cases with a view to prognosis, we may arrange them in this way. The case of excited heart all through, with feeble pulse and with adynamia, is unquestionably the worse case.—There is no worse symptom in fever than an excited heart. It is especially a bad symptom when, with that excitement, we find a feeble pulse. The next will be the case of sinking of the heart; and the most favorable case is that in which, as I said before, the heart seems to escape disease. But you are not to suppose, that because you have an excited heart, you are not to give wine if the symptoms of the patient require it; and you are not to suppose that, because the heart is not affected at all, you are to withhold wine if the general symptoms require it. You are not to found your exhibition of wine upon any one thing; you are to take the general state of the patient into consideration. What we have done is to discover an intelligible practical rule which will guide you in the use of wine in certain, I think in many cases; but you are not to suppose that because this man has a clear first sound at his heart, therefore you are not to give wine. You are not to suppose that because the heart is safe you can do without wine."

BOOK NOTICES.

Fourth Annual Report of the Trustees of the Illinois State Hospital for the Insane. Jacksonville: Dec. 1854.

Reports of the Trustees and Superintendent of the Butler Hospital for the Insane, presented at the Annual Meeting in January, 1855. Providence, R. I.

Nineteenth Annual Report of the Managers of the New York Institution for the Blind, to the Legislature of the State, made January, 1855. New York: James Egbert. Printer.

Physician's Report on Closing the Roper Hospital after the Yellow Fever Epidemic of 1854, made to the Trustees of the Institution. By W. T. WRAGG, M.D., Physician to the Hospital. Charleston, S. C. 1855.

Sanitary Reports of the City of Buffalo for the Year 1854 By the Board of Health. Buffalo, N. Y.: Clapp, Mathers & Co., Printers.

FEW things afford a more pleasing index of the humanizing tendencies of the present age, than the measures adopted for the care of the helpless, the unfortunate, and the sick.

The hospitals for the sick and insane, and the asylums for the blind and deaf, are so many monuments pointing to the triumphs of reason and benevolence over human ignorance and selfishness.

The first of the reports named above is a pamphlet of 51 pages, containing the Reports of the Trustees and Superintendent of the Hospital for the Insane, at Jacksonville, Illinois; and also the laws of the State regulating the admission of patients, &c.

From it we learn that the hospital is under the immediate charge of Andrew McFarland, M D., Superintendent; Charles C. Cornett, M.D., Assistant Physician; John Henry. Steward; Eliza M. Bogue, Matron; and Isabella Henry, Housekeeper. The report of the Trustees relates chiefly to the financial condition of the hospital, and contains nothing of special interest to our readers. From the report of the Superintendent we learn that: "At the date of the last report, there remained in the institution eighty-two patients. Since that time there have been admitted two hundred and sixty-five cases; making the whole number who have enjoyed the benefits of the hospital from December 1st, 1852. to December 1st, 1854, three hundred and forty-seven. During the same period nearly one hundred and eighty two have been discharged, leaving one hundred and sixty-six now under treatment As the hospital affords accommodation for the two sexes equally, and the whole had been occupied the most of the time recently, the number of males and females has been nearly the same."

Of the 182 reported discharged, 21 were discharged by death, 16, by order of the Trustees, unrecovered. 31, by request of friends unrecovered, and the remaining 114 recovered. These results compare favorably with those exhibited by the best institutions for the insane in our country, and speak well for the skill and faithfulness of those who have the institution in charge. There is one recommendation in the report of the Superintendent with which we should decidedly differ. It relates to, and encourages the plan of aggregating large numbers of the insane in one institution. On this subject we fully agree with Dr. L. V. Bell, and others who have had much experience in the care of the insane, that no one institution should contain at one time more than from 200 to 250 patients.

The second report named in the caption is from the Trustees and Superintendent of the Butle Hospital for the Insane at Providence, R. I. The institution was founded in 1848, and is under the immediate management of Isaac Ray, M.D., Superintendent and Physician; Roger C. Perkins, M D., Assistant Physician; and Mrs. Sarah D. Lovett, Matron. Dr. Ray is well known among those who have devoted much attention to the insane, and his report will be read with interest. The following paragraph will show the number cared for in the institution during the year 154, and the results of such care, viz.:

"On the 31st of December, 1853, there were in the house one hundred and thirty-six patients—sixty-three males and seventy-three females. During the year ending the 31st of December, 1854, there were admitted eighty—thirty-one males and forty-nine females; making two hundred and sixteen under care in the course of the year. There have been discharged eighty-five—forty males and forty-five females; leaving, on the 31st of December, 1854, one hundred and thirty-one patients. Of the persons admitted, twenty-two were from other States. Of the remaining fifty-eight, twenty one were supported by cities and towns, six partly by the bounty of the State, dispensed by the Governor, and thirty-one entirely by private means. Of those discharged, forty had recovered, twenty were improved, six were unimproved, and nineteen died."

The third report in the list named is that from the New York Institution for the Blind, which has now been in operation *nineteen* years. The special design of this noble institution is to afford instruction, both educational and mechanical, to the hopelessly blind. T. Colden Cooper is the Superintendent, aided by a full board of teachers—literary, musical, and mechanical. And we know of no public institution that more fully deserves the confidence of the people than this. The following paragraph will show the number receiving the benefits of the institution during the the year 1854, viz.:

"The whole number of blind persons thus receiving education, or the means of support, through the medium of the institute, is two hundred and five. Of the one hundred and forty-two pupils, one hundred and sixteen are beneficiaries of the State of New York, six are supported by the State of New Jersey, thirteen by their friends, two by the Commissioners of Emigration, and five are received gratuitously by the institution."

Only three deaths occurred among the inmates during the year. In addition to the usual topics treated in this report, is an interesting report, by J. G. Adams, M.D., one of the Board of managers, giving "an account of the Institutions for the Blind visited by him during his absence in Europe during the years 1853—4." The institutions spoken of by Dr. Adams are, the *Institut des*

Jeunes Aveugles, Paris; the *School of the Indigent Blind*, in St. George's Fields, Southwark, London; and the *School for the Blind*, in Hardman St., Liverpool.

We cannot analyze this paper without giving it entire; and for this we have not room at present. Dr. Adams states the proportion of blind persons in Europe to be 1 in 1400 inhabitants; in the United States, somewhat larger; while in Egypt it is as high as one in every 100.

The fourth report named in the list at the head of this paper is an exceedingly interesting one, from Dr. W. T. Wragg, of Charleston, S. C. The Roper Hospital seems to have been a temporary institution, made necessary by the severe prevalence of Yellow Fever in the city of Charleston during the summer and autumn of 1854. The report of Dr. Wragg contains very much interesting and valuable matter; but it is so judiciously condensed and statistical in its arrangement, that no adequate idea can be given of its contents by a further analysis. The following, in relation to the nature of Yellow Fever, and the conditions of the urine during its progress, is well worthy of careful consideration, viz:

> And I may, perhaps, not be going beyond the sphere of my duty on this occasion, in suggesting a connection between this vitiated state of the fluids of the stomach and a diseased condition of the great sympathetic nerve, indicated by that symptom which was shown above to have been the only *invariable* attendant of the disease, viz:—Pain in the back. I am of opinion that if ever we arrive at such perfection in our means of examining the nervous system, as to be able to detect the existence of disease with certainty as well as accuracy in these tissues, we will find that in yellow fever the sympathetic system is in that state, and, as a consequence, deranges all the secretory actions of the digestive apparatus. Such a view enables us to account for all the symptoms. The deep seated pain along the dosal region, most violent at the points corresponding with the plexuses of the nerve in question, and the radiations of this pain from these points to the distributions of the nerve, in some cases involving the entire area of its ramifications; the intense nausea and obstinate vomiting, which are found to begin long before any traces can be discovered of lesion in any other of the tissues of the stomach; the entire altera- of all the secretions, and consequent arrest of the functions of

digestion, &c ; the tendency to early solution, and even dissolution of the blood; and, finally, the heavy, dull and painful oppression in the whole abdominal region, including the space from the umbilicus to the pubis, are strongly inferential, if not positive proofs of the diseased condition of this great system. By reflex action from this important nerve, the whole spino-cerebral system is brought into disordered action, and hence the train of general symptoms familiar to all.

This, however, is not the place to elaborate such views. I have referred to them as explanatory of other derangements of the general system, which I must now proceed to touch briefly upon.

Before leaving the intestinal canal and its disordered functions, I will refer to one other appearance as corroborative of the ideas suggested in relation to the existence of muriatic acid. As the blue or ocean-green color of the vomited fluid is seemingly due to this acid, mixed with bile or saliva in the upper part of the canal, so the grass-green hue of the stools appears to depend on a mixture of bile, with the same acid in the parts of that tube below the stomach. It is easy for any one to satisfy himself of these effects from such mixtures by experiments out of the body.

A symptom which was noted as of fearful consequence, was suppression of urine. It was present temporarily in a large number of the cases during the early part of the first stage, and in 15 it was persistent, continuing to three days. Of the 15 thus affected, 12 died, and but 3 recovered. This condition must be carefully distinguishable from the retention of urine, which was also common even when it could not be referred to stranguary. The latter was easily overcome, the former never yielded.

It may be as well for me to finish what I wish to say on this subject. Though scanty in quantity, yet often but slightly altered in the early stage of the fever, it offered deviations from the healthy standard in the second and third stages of great importance.

First: It was found to eliminate from the system an immense quantity of bile in those cases in which jaundice succeeded as one of the secondary symptoms.

Second: It carried off free hydrochloric acid in a considerable number of cases, as was shown when the tests for that substance were used; and I am disposed to believe, from the frequent presence of this acid in the stomach and intestines during the early stage of the fever, that its existence in the urine takes place earlier, and is more frequent than we are yet aware of. It has not been possible for me to institute a comparison between the number of deaths and recoveries in cases where this state of the urine was made out. It appears to have been coincident with great danger to the patient; but it will be a point of much interest to be investigated hereafter, whether its presence in the urine at this stage of the disease is not, as in the case of bile under the same circumstances. proof of the existence of an eliminative action.

Third: There were, in a few cases, red sedimentary deposits, consisting of urate of ammonia, colored with purpurine.

Fourth: Large quantities of organic debris, apparently epithelial scales, &c., were found in a few cases.

For these results of chemical analysis of the urine, I am indebted to Dr. Ford, whose careful researches, though not sufficiently corroborated by repetition, will, I am disposed to believe, when completed and given to the public, be found to open some new views of this disease."

The whole number of cases treated in the hospital was 254, of whom 92 died, and 162 recovered. Of the whole number, the *black vomit* occurred in 74. Of this number, 9 recovered after throwing it up, and 63 died. In relation to treatment, Dr. Wragg says: "I repeat that no reliance was placed on any specific, and though I tried all that I conscientiously thought that I might use with safety, or a hope of success, my chief dependence was on the application of such general principles as seemed to find their required conditions in the symptoms before me."

The fifth and last paper in the list given above is chiefly occupied with the report of James M. Newman, M.D., Health Physician, in relation to the *cholera* in the city of Buffalo, during the year 1854. The report occupies 43 pages, and is accompanied by Meteorological Tables, a chart showing the streets in which the cholera prevailed, and tables exhibiting the entire mortality of the city from all diseases. It is printed in good style, by order of the Common Council of the City. We are not sure but the City Physician and Common Council of Chicago might take a useful hint in relation to their own duties from this report. It is well drawn up, minute in its details, and well worthy of perusal. The appended tables show a gross mortality during the year, from all diseases, of 2,936: of which 572 are reported from epidemic cholera; 187 from cholera infantum; 21 from cholera morbus; 90 from dysentery; 266 from consumption; and from intemperance and delirium tremens 82.

The population of Buffalo is reported to be 80,000, which would make the average mortality of the city for 1854 about 1 in 27.

On Injection of the Bronchial Tubes, and Tubercular Cavities of the Lungs. By HORACE GREEN, M D., LL D., President of the Faculty, and Professor of the Theory and Practice of Medicine in the New York Medical College; Corresponding Fellow of the London Medical Society; Member of the American Medical Association, &c.

THIS is a monograph of 20 pages, re-published from the January number of the American Medical Monthly. In it the author not only defends his claim to priority in the practice of introducing a sponge probang into the larynx, for the treatment of laryngeal diseases but he claims to have recently extended this practice so far as to introduce a tube through the larynx into the bronchial tube, and inject solutions of nitrate of silver into the branches of the bronchia, &c. Dr. Green claims to have treated several cases by injecting from one to two drachms of a strong solution of nitrate of silver into the bronchial tubes, and with much benefit to the patients The following is the concluding paragraph of his paper:

"In conclusion, it is maintained that the direct medication of the lungs, by means of *catheterism of the air-tubes*, an operation I believe not before performed, has been repeatedly accomplished; that the operation may be performed by the dexterous surgeon with ease and facility, and with *perfect safety* to the patient; and that the results of this method of treating disease, whether it has been employed in bronchial affections, or in the commencement of tuberculosis, have already afforded the most gratifying indications that practical medicine will be greatly advanced by this discovery." *Mirabile dictu.*

A Manual of Pathological Anatomy. By C HANDFIELD JONES, M.B., F.L.S., Fellow of the Royal College of Physicians. Assistant Physician to and Lecturer on Pathology at St. Mary's Hospital; and EDWARD H SIEVEKING, M D., Fellow of the Royal College of Physicians, Assistant Physician to, and Lecturer on Materia Medica at, St. Mary's Hospital. First American Edition revised, with 397 Illustrations. Philadelphia. Blanchard and Lea. 1854.

THIS is the title to a large-sized octavo volume, well bound in calf, containing 788 pages. It is designed for a standard work or text-book on the very interesting and important subject of Pathological Anatomy. The following are the general topics discussed in the work, as indicated in the table of contents, viz: 1st General Pathological Anatomy. 2d. Pathological Anatomy of the Alimentary Canal, 3d. Pathological Anatomy of the Joints. 4th. Pathological Anatomy of the Nervous System. 5th. Pathological Anatomy of the Organs of Circulation. 6th. Pathological Anatomy of the Organs of Respiration. 7th. Pathological Anatomy of the Female Organs of Generation. 8th. Pathological Anatomy of the Osseous System. 9th. Pathological Anatomy of the Urinary Apparatus. The chapters included under the three first and the last heads, are written by Dr. Jones, and those embraced under the other five divisions, by Dr Sieveking. The American publishers have added many illustrations not contained in the London edition, and have also introduced into the chapter on cancerous growths the microscopical observations of Dr. Donaldson, of Baltimore, on the characteristics of the true cancer cell. We have not yet had time to examine the contents of the volume with that care which is necessary to enable us to make a critical analysis of its facts and doctrines; but we have no hesitation in recommending it as worthy of careful and thorough study by every member of the profession, whether old or young.

Transactions of the New Hampshire Medical Society, held at Concord, June, 1854.

THIS is a well-printed pamphlet of 56 pages, containing the proceedings of the State Medical Society during its *Sixty fourth Anniversary* meeting; the Annual Address of the President. Dr. Albert Smith, Professor of Materia Medica in Dartmouth College, N. H.; the Poetry of the Medical Profession, an Oration by Dr. Andrew McFarland. Superintendent of the Illinois State Hospital for the Insane; and a Dissertation on the necessity of a knowledge of the chemical changes that take place in the human body while in a state of disease, by Dr W. H. H. Mason. These are well written productions. That of Dr. Smith is headed, "Conservatism in Medicine." And though interesting and well written. it is chiefly occupied with those general considerations in relation to the condition of the profession and the various forms of quackery, which have constituted the staple of so many addresses during the last few years. We are almost tired of this species of literature, and could wish that every physician in the United States, instead of mentioning the name of any species of quackery, pathy, or ism. during the next five years, would bend all his energies to a thorough improvement of himself and the profession to which he belongs

The second paper is in the form of an Oration, by Dr. McFarland. now Superintendent of the Hospital for the Insane at Jacksonville, in this State. It occupies twelve pages, and as a literary production is highly creditable to its author. But it must be read entire to be appreciated The paper of Dr. Mason occupies nine pages, and is a just appeal to the members of the Society in favor of a more thorough knowledge of the chemistry of man. We think a society *sixty four* years old, like that of New Hampshire, should present in its printed transactions more strictly scientific matter than is to be found in the pamphlet before us We fear our brethren in the Granite State need a little waking up.

EDITORIAL.

The American Medical Association.

The Eighth Annual Meeting of the American Medical Association will be held in the city of Philadelphia, on Tuesday, May 1, 1855.

The Secretaries of all the Societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed*; and it is *earnestly* desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

The following are extracts from Article 2d of the Constitution:

> "Each local Society shall have the privilege of sending one delegate for every ten of its regular resident members and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.
>
> "Delegates representing the medical staff of the United States army and navy shall be appointed by the Chiefs of Army and Navy Medical Bureau.
>
> "The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers"

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the constitution at the meeting of the Association, held in New York, in May, 1853.

FRANCIS WEST. M D.,
One of the Secretaries, 352 Chestnut St., Philadelphia.

By the above notice of the Secretary, it will be seen that another Annual Meeting of the Association is near at hand.

Have all the Medical Societies and Institutions in the North-West appointed their delegates? If not, we hope they will do so without delay. The coming meeting will, doubtless, be one of more interest, in a strictly scientific and professional aspect, than any which have preceded. It is easy to perceive that the current of opinion in the profession is running strongly in favor of devoting more time and care to the reading and consideration of such scientific papers and reports as may be presented, and less to mere miscellaneous matters. Heretofore much time has been consumed on random resolutions and vain attempts to amend the constitution.

Let each delegate look over the list of subjects assigned to special committees, and study those subjects in such a manner as to be prepared to consider and act upon any reports that may be presented. We say this much without wishing to convey the impression that no time ought to be devoted to the important subject of *medical education*.

We do think, however, that fewer resolutions and more *practical action* on this subject would conduce to the interests of the profession. An effort will probably be made at the coming meeting to so far change the constitution as to permit the Annual Meetings to be held permanently in Washington city. We are very sure, however, that such a step would greatly lessen the influence and importance of the Association. If there is one single constitutional provision which has contributed largely to the influence of the national organization over the whole profession, it is that which prohibited it from meeting twice in succession in the same place. On this subject we hope the North-West will not only be well represented, but also well united in opposition to any change which shall aid to localize the Annual Meetings of the Association in one section of the Union.

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Convention of Delegates from Medical Colleges.

One of our exchanges, we think the Nashville Journal, suggests that the next meeting of the American Medical Association should recommend a "National Convention of delegates from the Medical

Colleges", of the whole Union, to consider practically the subject of medical education.

Such a recommendation was made at the meeting of the Association in Boston, in 1849. The proposition was made by a committee, consisting of Alexander H. Stevens, of N. Y; George B. Wood, of Philadelphia; and Jonathan Knight, of New Haven; and unanimously adopted. The time recommended for the meeting was a few days before the Annual Meeting of the Association in Cincinnati, in 1850. But the Colleges paid no heed to it whatever. Perhaps a renewal of the recommendation would meet with success. We are in favor of trying it, for we are confident that such a meeting would result in much good.

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Cook County Medical Society—Variola.

At the regular meeting of the Cook Co. Medical Society on the first Tuesday in February 1855. Dr. N. S. Davis, chairman of the Committee on Epidemics, called the attention of members to the recent unusual prevalence of Small-Pox in the city. He said the disease had been developed with a rapidity and to an extent not easily explained on the supposition of contagion or simple communicability from one to another. Thus previous to the first of January there had been so few cases in the city that the subject had attracted no attention; only one case having come directly under the observation of the reporter. Between the sixth and the tenth of that month the disease sprung up as if by magic in almost every section of the city, and to some extent among all classes of the people. Twenty cases had come under his own care which had their beginning during that brief period. Six of these were unmodified by previous vaccination, the eruption was extensively confluent, and the constitutional symptoms very severe. The other 14 cases occurred in patients who had been previously vaccinated, and were modified so as to present almost every variety of Varioloid, from the slightest, with a mild premonitory fever and not more than a dozen pustules, to a degree of severity, closely resembling the milder cases of distinct Variola. From the 10th January to the present time (Feb. 1st.) only *three* new cases have come under his observation, and these were of the milder class of Varioloid. Of the six unmodified cases two recovered without any untoward consequences, the other four presented symptoms of the most malignant or pernicious character from the beginning, and all proved fatal between the seventh and fourteenth days after the attack. One of these cases occurred in the person of a young man who was just recovering from a severe attack of Sub acute Gastritis.

The onset of the variolous fever was marked by a renewal of the gastric irritation, to such an extent that he vomited almost incessantly, accompanied by great distress and oppression at the epigastric region, a small and quick pulse, with extreme restlessness. The eruption made its appearance at the end of the fourth day, but was accompanied by only a very moderate diminution of the gastric and constitutional symptoms. The eruption, too, was somewhat peculiar. Instead of presenting distinct pointed elevations in the skin, enlarging in circumference from day to day, and soon presenting a well marked indentation or umbilicated spot in the centre, they appeared mostly in large patches, the whole surface of which was *scarlet red*, and thickly studded over with minute vesicles, almost resembling clusters of herpes. One of these patches covered the entire face; and they were so numerous over the body and limbs, that after the third day of the eruption, scarcely the amount of six square inches of sound skin remained on the patient. The vesicles on these patches increased in size very slowly; only here and there one ever became umbilicated or distended with any fluid. About the sixth day the scarlet redness began to fade, and the vesicles began to present the appearance of dried cuticle. The swelling of the face was at no time as great as is often seen in mild cases of the disease. From the appearance of the eruption the pulse became a little slower, being about 110 per minute, and more full, but gaseous, or easily compressed. There was much thirst and restlessness throughout the progress of the case. About the seventh day of the eruption, the pulse became more frequent and weak, the mind dull and somewhat wandering, and dark purple spots appeared in many of the patches, both on the body and extremities. The patient, when aroused, also complained of a sense of extreme prostration or sinking in the epigastrium. From the appearance of these symptoms he sunk pretty rapidly, and died on the ninth day after the first appearance of the eruption. Two of the other fatal cases presented symptoms throughout strongly resembling the one just detailed. The premonitory fever was marked by extreme gastric irritation and distress; frequent and violent vomiting; only moderate pain in the head and back; the pulse from 110 to 120 per minute, rather small; the skin dry and hot; and in one of the cases frequent and bloody stools for two days. There was much thirst and great restlessness, but the most prominent point of complaint was the extreme distress in the epigastric region. In both these cases the eruption appeared on the fourth day, and presented the same general characteristics as described above In one of these cases the patches of *scarlet redness* appeared first on the hand and arms, and subsequently became almost continuous over the whole cutaneous surface. The appearance of these patches, their irregular development, their well defined deep red color, and the herpetic character of the vesicles, rendered them so peculiar that two or three of our most experienced physicians at first entertained doubts in regard to the nature of the disease. In both these cases death took place in what should have been the suppurative stage of the disease, and was preceded by the same purpuric spots and general typhoid symptoms as in the case first described.

The fourth fatal case presented no features differing from an ordinary casere of seve Variola until the completion of the suppurative stage, and gave every indication of recovery, when a copious diarrhœa commenced rather suddenly. ending in less than six hours, in a free hemorrhage from the intestines, and a speedy death. The fatal diarrhœa in this case occurred simultaneously with the inordinately severe snow storm of January.

It was remarked, that of the 20 cases alluded to as occurring between the sixth and the tenth of January, on y one could be traced to any *known* exposure or contact with other cases. They were widely separated from each other in different sections of the city, and among different classes of people The reporter said, we add to these cases which had come under his own observations the numerous others which had occurred in the practice of other physicians, having their beginning during the same week. It will be clearly apparent that the city had been visited by a distinct Variolous Epidemic influence; and that too, of the same malignant character which, in the middle ages, so frequently decimated the population of European cities; and were it not that the great mass of the citizens are protected by vaccination, he had no doubt but we should now be in the midst of one of those loathesome pestilences, which make one shudder to contemplate. He stated that several instances had been reported during the last three weeks of attacks of varioloid in persons who had previously had the same disease.

The report was followed by a discussion, which was participated in by nearly all the members of the Society present at the meeting.

Dr. H. Smith said he had a female patient under his care with varioloid, who had had the same disease several years before, and had also the vaccine pustule in childhood.

Dr. Bloodgood doubted the full protective influence of vaccination, and expressed the opinion that a large majority of those who had been vaccinated were still susceptible in some degree to the variolous poison. He related several cases in which varioloid had followed recent vaccination.

Drs. Clarke and Miller expressed decided confidence in the full protective powers of vaccination when the virus is genuine.. The latter mentioned a case of varioloid which he had met with during the past month, in the person of a female who had had distinct variola several years previous.

He also thought the vaccine virus ought to be renewed more frequently from the cow. To this Dr. C. G. Smith replied, that the experiments made by Mr. Ceely in England, and by several in Boston, with virus direct from the cow, seemed to show that such virus actually exerted no more protective influence than the ordinary matter in use.

Dr. N. S. Davis expressed strong confidence in the full protective power of the vaccine virus, and, as an illustration, mentioned the fact that in two families alone between twenty and thirty persons were fully exposed to the small-pox in its severest form during all of the second week in January. None of them had any other protection than that of a previous vaccination, and yet not one of the number took the disease even in its mildest form. In one of these families was a little child who had not been vaccinated until two days after she had been fully exposed. The vaccine virus took effect, and in due time produced the ordinary pustule on the arm. She, too, entirely escaped the variola.

NOTE.—Since the meeting of the society at which the above discussion took place, we have learned that about the same time that the small-pox appeared in this city in so unusual a degree, it appeared also in a very large proportion of the principal towns throughout the North-West: thus affording additional evidence of the existence of a true epidemic influence. We regret to learn, by the last Peninsular Journal, that at Ann Arbor it proved fatal to *three* members of the class attending the medical department of the Michigan University.

Decrease of Medical Students.

WE cannot yet gather from our exchanges sufficient returns to enable us to present a table, showing either the whole number of Students or Graduates, who have been in attendance at the various Medical Colleges of our country during the past winter. Enough, however, has been published to show that the gradual decrease of both which has been taking place during the last three or four years, has been exhibited in a much more marked degree during the past winter than at any time before. But it is easy to perceive a marked difference in the ratio of diminution in the different colleges. Those located in our large commercial cities, with good advantages for clinical or hospital instruction, have, as a general rule, retained nearly their usual number, and in the Rush Medical College, of our own city, the number of graduates has actually increased. But in most of the colleges located in villages and rural districts, the diminution of numbers in attendance has been very great. This is as it should be, and indicates e operation of an influence which is destined to induce ultimately a most salutary change in our system of medical education. Not a few have hastily proclaimed the American Medical Association a failure, and its influence over the Medical Colleges a nullity. Such have looked only at the surface of things. While it is true that neither the profession generally, nor the colleges have formally adopted and carried out the recommendations of the Association in regard to preliminary, college, and clinical instruction, a little examination will show that the influence actually exerted on all these topics is decided and salutary. We are certain, from our intercourse with both practitioners and students, that the former are much more cautious than formerly about receiving into their offices young men who have no preliminary education whatever; and the latter are much more generally aware of the necessity of a higher grade of intellectual cultivation to ensure success in the profession. Other circumstances have, doubtless, exerted more or less influence on the number engaging in the study of medicine; but the increased attention excited throughout the whole profession by the annual discussions in the meetings of the Association, has accomplished far more than any other one cause. So, too, the position taken by the Association in regard to the great importance of true hospital clinical instruction, has been the chief cause of the greater relative concentration of students in those schools where clinical instruction in hospitals can be enjoyed.

So true is this, that should the same ratio of decrease in the number of students attending many of the *country* schools, continue one or two years longer they would be obliged to suspend altogether. The influence of the Association over the Medical colleges in another important particular, is already visible. Previous to the existence of the National Organization, there was no mode by which the most active, working members of the profession could be brought in contact with, and made to know each other. Hence there was a constant tendency on the part of the colleges, to choose men to fill whatever vacancies might occur in their respective faculties from a narrow circles of friends and alumni. The annually recurring meetings of the National Association are rapidly correcting this evil, by bringing the most active, industrious, and talented members of the profession in all sections of our widely extended country, not only in contact with each other but also prominently before the whole profession. It is thus that the profession becomes nationalized, and the influence of mere sectional cliques destroyed. Let the same tendency be kept up by sustaining the National Association, and all the colleges will soon be compelled by a just professional sentiment, to choose men to fill the vacancies which will occur from time to time in their faculties, from among the most talented and best qualified, without reference to the section or locality from which they may come.

Changes Editorial.—Dr. G. S. Jones has retired from the post of Associate Editor of the Boston Medical Journal, and Drs. Wm. W. Morland and Francis Minot, have taken his place.

Dr. J. O. Hill, has commenced the publication of the "Medical Councillor," a new Journal of 16 pages issued weekly, at Columbus, Ohio.

Drs. D. J. Cain and F. P. Porcher of Charleston, S. C., have retired from the editorships of that excellent periodical, the Charleston Medical Journal and Review, and has been succeeded by Dr. C. Happoldt.

Dr. Bennett Dowler, of New Orleans, has announced his retirement from the New Orleans Medical and Surgical Journal, and his intention to commence the publication on the first of May next, of a "New Orleans Quarterly Journal of Medicine."

Each number of the new Quarterly is to contain two hundred and sixteen pages octavo.

Changes Professorial.—Dr. E. Brown Sequard, late of Paris, has commenced his duties as Professor of Physiology in the College of Richmond, Va. Professors Walter Channing and Jacob Bigelow, two of the oldest members of the Faculty of the Medical Department of Harvard University at Boston, have retired from the Faculty of that time-honored institution, and have been ceeded by the appointment of Dr. D. H. Storer to the chair Obstetrics and Medical Jurisprudence, and Dr. Edward H.

Clarke to the chair of Materia Medica. A Professorship of Clinical Medicine has also been created, and filled by Dr. George C. Shattuck, of Boston. Dr. E. Deming, Prof. of Pathology and Clinical Medicine in the Medical Department of the University of Missouri, died at his residence in Lafayette, Indiana, on the the 23d February, aged 58 years. Dr. Quintard has resigned the chair of Physiology and Pathology in the Memphis Medical College, and Dr. Rene La Roche of Philadelphia has been appointed to succeed him. The late class in the Memphis College presented Dr. Quintard, on his retirement, an elegant copy of the Bible as a token of their respect. We infer, from the comments of the Memphis Recorder, that the retiring Professor intends to enter the Ministry.

To Our Subscribers.—The present number makes the fourth of the present volume, and completes *one-third* of the present subscription year. Each number has been issued with regularity and promptness during the first week in each month. But not *one sixth* of our subscribers have yet forwarded the trifling amount which constitutes their individual subscriptions. Our Journal has a wide circulation, and if its subscribers pay up promptly, they will not only ensure our best possible exertions to make it interesting and valuable, but at the end of the present volume we shall put it in new type, and add sixteen pages to its reading matter. What say you, brethren of the profession in the North-west—shall we make our Journal not only one of the *best*, but also one of the largest in the Union? If you desire this, do your part, and I certainly will do *mine*. N. S. D.

To Contributors.—Communications have been received from Drs. Hunt, Higgins of Aurora, and Dodson of Morris. The first was furnished by the Secretary of the Æsculapian Society. All these will receive due attention in our next. Dr. Hutchinson is informed that his observations with the microscope would be highly acceptable. Indeed we wish many more of our patrons would favor us with the results of their experience and observations.

College Vacancies.—Notice is hereby given that, in consequence of the resignation of Prof. John McLean, the chair of Materia Medica and Therapeutics in Rush Medical College has become vacant. The chair of Physiology and Pathology in the same institution is also vacant. Applications for appointment to both these places will be received by the President, Prof. Daniel Brainard, until the 15th of June next.

Health Officers.—Dr. Isaiah P. Linn has been appointed City Physician for the ensuing year. Dr. B. McVickar is a member of the Board of Health. The Mayor, Dr. L. D. Boone, is also *ex-officio* member of the same board. The city of Chicago thus has the services of three medical men combining both talent and experience in her health department. The citizens will be justly disappointed unless better sanitary regulations are enforced than heretofore.

Total Abstinence and Phthisis.

A writer in the Boston Medical and Surgical Journal for Feb. 15th, 1855, over the signature of "Michigan," makes the following assertion :

" But the proposition is incontrovertible that *phthisis* has *increased* upon the spread of total abstinence in almost exact proportion."

Will our brother editors of the Boston Journal ask their correspondent, " Michigan," to give us and the world facts and figures on which he bases this " *incontrovertible proposition?*" They would be of much value to the profession, provided they have any existence. The same writer also says : "Alcohol, in its various forms, may be called upon through its easily-absorbed hydro-carbon to yield *heat and respiratory food.*"

Will he furnish the proof that alcohol, in *any* of its forms, is capable of yielding either?

Fusel Oil in the Treatment of Phthisis.

d in the Boston Medical Journal for March 1st, two cases of well-marked tubercular phthisis reported, which were treated by fusel oil in the Massachusetts General Hospital. One patient took the oil seven months, during which time she gained 20 pounds in weight, and was discharged relieved. The other was under treatment with the oil eight months, during which time she gained in weight 13 pounds, and was much relieved when discharged. The oil was given in doses of from *four* to *six* drops after each meal. The fusel oil is obtained in the process of manufacturing alcohol from the more dilute spirits. It would seem to be worthy of further trial.

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Cubebs in Incontinence of Urine in Infants.

The Memphis Medical Recorder says that "Dr. Driters believes that nocturnal incontinence in children is due to *atony* of the neck of the bladder, in which no remedy has greater power than *cubebs.*" It should be given two or three times a day for some time. We have seldom failed to remedy the same class of cases by giving tinct. cantharides, in suitable doses, for a very few days. There are cases, however, dependent on *morbid sensitiveness* of the coats of the bladder, instead of *atony*, in which soothing and alkaline remedies are required.

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Fissures and Excoriations of the Nipple.

M. Bourdel, of Montpelier, states, in the Gazette des Hospitome, that the tinct. of benzoin, when applied properly, is a sure remedy tor that most troublesome and painful affection termed fissures and excoriations of the nipples in nursing women. He applies the tincture with a hair pencil directly to the cracked or ulcerated surface, so as to completely cover it. The application should be repeated often enough to keep the covering that is left by the evaporation of the tincture complete. The first application produces considerable smarting, but the subsequent ones are painless, or nearly so; and the child continues to nurse, as though no application had been made. The cure is said to be effected in from one to two weeks.

Orchitis, or Swelled Testicle.

Several cases of this disease are related by Prof. Costes, *successfully* treated by keeping the scrotum covered with a mixture of twenty parts of collodion and six parts of castor oil. Dr. Ogier, of Charleston, S. C., in an article in the Charleston Medical Journal, recommends for the same disease, compression by means of an *oval bag*, made of thin India rubber thread, netted coarsely, and about the size of a turkey's egg.

This may be so stretched as to enclose the scrotum, and by its elasticity produces sufficient compression, without the trouble of removal and re-adjustment, as is the case with adhesive straps and bandages.

Intense Cold as an Anæsthetic.

Dr. J. C. Warren, of Boston, in a communication to the Boston Med. and Surg. Journal, adds his testimony in favor of the efficacy of intense cold, produced by a freezing mixture, in preventing pain during surgical operation. The method he adopts is the same as that recommended by Dr. Arnott, and is chiefly applicable to cases in which the parts to be operated on are superficial.

Hospital for Females.—Steps have been taken to organize and establish an Hospital in the City of New York, for the special treatment of the diseases of women. It is stated that Dr. J. Marion Sims is to be the attending Surgeon.

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ORIGINAL COMMUNICATIONS.

ART. I.—*Report of a case of Puerperal Convulsions, with remarks on the use of Chloroform.* By WM. CLARKE, M.D., read to the Cook County Medical Society, Chicago, April 3d, 1855.

Mrs. B. an English woman of small stature, square form, and full habit, aged twenty years, the wife of a laborer—became pregnant for the first time, and enjoyed the best of health through the period of gestation, until within two or three days of her confinement. During these days she was troubled with pain in her head, which, on the morning of her confinement was exceedingly severe. At this time her vision must have been impaired, as she complained to those around her, of its being dark.

A midwife was called in, and at one o'clock P. M.. on the 19th of November, 1854, the patient was delivered of a full grown healthy child, having, as was expressed by the woman in attendance, "an easy time." A few moments after delivery, she went into a succession of convulsions.

The intervals were from ten to thirty minutes duration, marked by stertorous breathing, and perfect loss of consciousness. It was in this state that I first saw her, at 4½ o'clock, P. M. She was soon after taken with a poroxysm, so violent in its character, that the attendants could barely confine her to the bed. The swollen veins of the head and neck—the livid hue of the countenance—the blood-shot eyes—the tongue protruding from the mouth, and badly lacerated by the violent closure of the jaws, the agonizing contortions of the whole body, presented all the symptoms of a most frightful attack of epilepsy. The pulse was full, hard and quick. After getting a cork between the teeth, to relieve the tongue, a vein was opened, and when about ten ounces of blood had escaped, the paroxysm ceased, the pulse became soft, and less frequent, and the breathing much more natural than in the preceding interval. Mixed thirty grs. of calomel with treacle, placed it in her mouth, and held her nose until she swallowed it. Applied dry cups to the nape of neck and back, and ordered sinapisms to extremities.

The calm continued twenty minutes, when another fit came on, but much more mild than the preceding.

At this time, owing to the absence of the midwife, and the women who were with the patient during labor, I was unacquainted with the history of the case, and of course, knew nothing of the marked head symptoms that had existed from the first signs of labor, the account of which I obtained some hours after. Knowing that chloroform was greatly extolled by gentlemen, eminent in the profession, I was induced to give it a trial, I mixed some thirty drops with treacle, and endeavored to get the patient to swallow it. But only partly succeeding in that, I put sixty drops on a napkin, and applied to the mouth and nostrils. The only apparent effect was the decided aggravation of all the worst symptoms for the remainder of the paroxysm, and when the calm at last succeeded, the interval was much shorter, and the coma far more profound.

The chloroform was discontinued, and by injections of salt and water per anum—cold to the head, and all the means within reach, efforts were made to divert the blood into other parts of the system, where its presence would be less dangerous, than on the brain and spinal cord, but no favorable impression on the disease as apparent. At 10 o'clock P. M., another orifice was made the arm, and the blood flowed until the character of the pulse d the color of the lips and countenance had decidedly changed. here was a marked mitigation of all the symptoms.

The patient being able to swallow without any difficulty, an ounce of castor oil was administered, and a quarter of a grain tart. ant. and potass. The latter, to be repeated every hour.

On the 20th at 7 o'clock A. M., the convulsions were less violent, with much longer intervals, during which. the breathing appeared more natural, The bowels had not moved. and not the least discharge from the vagina; skin was hot and dry; pulse hard and frequent; the *pupil* of the eye dilated; *intolerance* of *light*. Applied blisters to the nape of the neck, and behind the ears; cold to the head; excluded the light from the room; administered three of the comp. cathartic pills, and continued the tartar emetic.

At 12 o'clock, P. M., convulsions had ceased; consciousness partially restored. The patient could answer questions, and readily swallowed drink when offered, but was evidently maniacal, repelling those who offered to move her, most furiously. There was *intolerance* of *light* and decided amaursis. The skin, circulation and bowels as before. Continued, tart emetic and gave a solution of camphor in sul. ether to allay restlessness, and directed two drops of croton oil, and thirty drops of turpentine in emulsion, to be given every two hours.

At 7 o'clock P. M. the patient had taken three doses of the emulsion, and there had just been a slight discharge from the bowels, and the symptoms had a good deal improved.

Nov. 21st.—The patient had several discharges from the bowels during the night, and appeared quite rational and perfectly relieved. The skin was bathed in a gentle perspiration.

Had not the least recollection of anything that had passed since the morning of the 19th inst. Could hardly believe that she was a mother.

Nov. 2d.—Continued to improve; a good deal of soreness of the tongue, and quite weak; otherwise very comfortable.

Convalescence rapid and uninterrupted.

In glancing at the prominent points in this case, the question naturally arises, was the administration of chloroform proper? For one, I must candidly admit that it was not, and my only excuse for prescribing it was the many respectable authorities in its favor. Subsequently, from having my attention particularly directed to the subject, the question has arisen in my own mind whether the medicine should be given in any case, or in any stage of puerperal convulsions, except in those forms of hysterical convulsions, which may come on at any time during gestation, or in childhood, but which more commonly arise during the former period. In this form of disease, any remedy of the kind could, and most probably would, be used with advantage.

Is not congestion of the head and neck a very common, if not one of the most obvious effects of the inhalation of chloroform or ether? And would not this effect be produced by the vapor, to a certain extent, taking the place of atmospheric air in respiration, aside from the direct influence the medicine might exert on the circulation? In a disease so constantly marked by a determination of blood to the head, that copious bleeding has always been, and probably will ever be, considered the most prompt and perfect remedy, can the employment of an agent that has a tendency to produce the same state of things be in accordance with sound Therapeutics?

Again, it is not uncommon for chloroform to produce twitching of the muscles and frothing of the mouth, symptoms analogous to epilepsy.

It was only last week, in administering chloroform while my my friend Dr. Miller performed a painful operation, that the patient was taken with convulsions as soon as he began to feel the influence of the anæsthetic. The dread of the operation had, doubtless, some agency in producing the peculiar state of the nervous system. But that alone would not have given rise to spasms. It might have been this view of the subject that led Prof. Bache to say, in these very words: "It is a good rule *not* to administer chloroform to persons subject to epilepsy."

If it does have the tendency we are speaking of, would not the giving of it, then, in such a disease, be too much in keeping with the vagaries of homœopathy, and too little in accordance with the dictates of a rational philosophy?

Dr. J. V. Z. Blaney doubted whether the inhalation of chloorm produced fulness of the vessels of the brain and spinal cord, or a congestion in these parts. He said experience had shown that the *recumbent* posture was the best and safest for the patient while receiving the chloroform; that when fully under its influence, the face is more frequently pale than flushed; the carotids soft than full and hard; and when the dose administered becomes excessive, all the symptoms are those resembling *syncope*, instead of fulness or congestion. So, too, the remedies most effectual for counteracting the effects of an over dose are the same as for syncope. Dr. B thought anæsthesia or insensibility to pain was by no means always produced by excessive accumulation of carbon or deficiency of oxygen in the blood; that the inhalation of chloroform did not, like that of ether, materially increase the quantity of carbon in the blood; but that any agent capable of arresting the processes on which *innervation* depends, would prove anæsthetic, even though it might introduce an excess of oxygen into the system, as was the case when nitrous oxide gas was inhaled.

Dr. D. Miller thought the effects of inhaling chloroform were very much influenced by the method adopted. He had never seen bad effects produced when it was inhaled slowly, and with a free admixture of atmospheric air. But thought a too rapid inhalation very liable to produce spasmodic action and dangerous symptoms.

Dr. Hitchcock said he had not observed any symptoms of increased fulness of the vessels of the neck and head in patients under the influence of chloroform.

Dr. Bloodgood agreed with Dr. Blaney, that anæsthesia could not depend, in all cases at least, on diminished decarbonization of the blood.

Dr. Blaney thought the inhalation of chloroform one of the most prompt and beneficial remedies we possess for puerperal convulsions of a hysterical character, but should not regard it as safe in those cases partaking of the nature of apoplexy. But he acknowledged that the diagnosis between the two varieties was not always easy.

Dr. H. Smith did not see clearly why chloroform should be injurious in apoplectic cases, if it lessened rather than increased the fulness of the brain.—N. S. D.]

ART. II.—*Monthly Report on the Sanitary Condition of Chicago, and the Progress of Epidemics*, presented to the Cook Co. Medical Society, at its regular meeting, April 3rd, 1855. By N. S. DAVIS, M.D., &c. &c. &c.

The last Report from your Committee was made at the meeting of the Society, on the first Tuesday in February.

During the two months which have intervened (February and March), the weather has been unusually cold, with considerable snow, and the atmosphere has generally been dry. No disease has been sufficiently prevalent during these two months to merit the name of an epidemic; and yet there have been a few cases of disease worthy of mention.

Dysentery—Ten cases of severe dysentery have come directly under my care during the past two months.

With only one exception, these were purely inflammatory in their nature and symptoms. The attacks were generally ushered in with chilliness, followed by active febrile action; characterized by a quick pulse, dry skin, deficient moisture in the mouth, frequent griping pains through the abdomen, especially in the course of the colon, with very frequent discharges of mucous and blood, small in quantity, but accompanied by protracted tenesmus.

If the disease continued for five or six days, the mucous discharged, which was at first glairy, became opaque, and generally mixed with pus, as well as blood; thereby showing a tendency to the early establishment of ulceration in the mucous membrane of the rectum and colon. None of the cases of dysentery or diarrhœa which have come under my observation during the last two months have presented those large serous evacuations, with cool skin, small pulse, and feeling of oppression at the epigastrium, which were often seen during the latter part of the winter and spring of 1854, and which preceded the severe prevalence of the cholera during the summer of that year.

Although watching closely, I have thus far seen nothing in ection with the intestinal diseases of the past two months, indicate a tendency to cholera. This fact, in connection with the absence of all reports in regard to the existence of that much dreaded disease, at New Orleans and the Lower Mississippi, affords good reason to believe that we shall be compaartively exempt from it during the coming summer.

Congestive Pneumonia.—During the first part of March I met with more than the usual number of cases of pneumonia, and among them several which, in the commencement, presented symptoms strongly resembling those of pernicious fever. The following case will serve as a fair illustration :

March 9th, was called to Mr. P. D., a native of Ireland, aged 35 years, naturally strong and robust. Was attacked the evening previous rather suddenly, with *chilliness*, accompanied by a sense of weakness and distress throughout the whole system. The feeling of oppression in the chest and apparent prostration was was such as to alarm both the patient and his friends. At the time of my visit (8 o'clock A.M.), his face was of a dingy, or leaden color, with an expression of anxiety; the skin generally was cool, and the color under the nails purplish; the pulse was 110 per minute, small, and easily compressed, but the impulse of the heart was more forcible; the tongue was covered with a whitish fur; the intestinal evacuations normal; the breathing hurried and imperfect, with deep seated pain, or rather an indescribable sense of oppression and distress in the chest, mostly on the right side; and some disposition to cough. Percussion elicited an undue degree of dulness over nearly the whole of the right side of the chest. Over the same side the respiratory murmur was diminished, the voice bronchial, and at the upper part of the left side the murmur was puerile.

I directed a large mustard sinapism to be applied over the epigastrium and right side, and when irritation was freely excited in the skin, to move the same to the dorsal spine. Also sinapisms to the extremities. Internally, I directed a powder, consisting of sulph. quinine 4 grs., pulv. opii 2 grs., and sub. murias hydrarg. 8 grs, every two hours until three doses were taken, and afterwards every four hours until the next visit.

March 10th, 9 o'clock A.M.. I found the patient much relieved. He slept considerable during the afternoon and night previous, and sweated freely. His pulse was only 90 per minute, and more full; moderate heat of skin; some thirst; slight headache, and bowels quiet. But he had more cough, and a little blood, mixed with mucous expectoration; some difficulty of breathing, and sub-crepitunt rale over the central part of the right breast. I ordered castor oil sufficient to move the bowels, the operation to be followed by a powder consisting of sulph. quinine 3 grs., pulv. opii 1 gr., and tart. ant. et pot. 1-6 gr. given every four hours.

March 11th.—Symptoms still more improved; cough moderate; expectoration opaque, and free from blood; no pain in the chest, and only a moderate degree of mucous rhoncus.

Pulse 80 per minute and soft; skin moist and of natural temperature. Prescribed a simple expectorant mixture, with a single powder of quinine, pulv. opii. and pulv. bloodroot every night. In three days from the first visit, the patient was able to sit up, and in two more he left the house.

Between the 1st and 20th of March I was called to attend eight cases of this kind; and if they were treated early on essentially the plan just mentioned, they speedily recovered. But in every instance where the disease was not arrested during the first three days, the pulmonary tissue became extensively infiltrated; the expectoration being copious, thin, and very bloody; the chest decidedly dull on percussion; the respiration abdominal; the pulse soft and gaseous; the mind dull, and sometimes wandering. In a part of the cases there was a distinct remission in the symptoms every morning. In all the cases characterized by early and great depression, I found full doses of quinine opii. and calomel, with counter irritation, to afford most prompt relief Where the reaction became decided, with the skin dry and hot, the tart. ant. et pot. was added in such doses as the stomach would bear

In the more advanced stages, when the expectoration was copious, pulv. bloodroot was given in the place of antimony. In a case which was brought to the hospital six days after the attack,
th very copious and bloody expectoration, of a dark color, and
uid; leaden colored lips; abdominal respiration; marked dul-
ss over the lower and central parts of both sides of the chest,

with coarse mucous rhoncus and diffused broncophony; with much general prostration. I prescribed at once 15 drops of oil of turpentine, and 2 grs. of quinine, rubbed up with gum arabic and sugar, every four hours, and between each dose a powder, consisting of chloride of sodium 15 grs., sulph. quinine 2 grs., pulv. bloodroot, ½ gr., and opium 1 gr. Also a large blister to the chest.

Under this treatment, with an occasional laxative, the patient immediately began to improve, and in two weeks was quite convalescent. I have seen but one fatal case of this disease during the time embraced in this report; and in that death resulted on the fourth or fifth day, from overwhelming infiltration of the pulmonary tissue.

Erysipelas.—Since the first of February I have met with eight or ten cases of severe erysipelas. In all the cases but one, the disease was located on the face and head, and, though severe, presented nothing peculiar. In one case to which I was called after the patient had been sick two weeks or more, the disease commenced on the hip, and had spread until it covered both hips, the lower part of the back and gluteal regions, the thighs, scrotum and penis. All the parts were considerably swollen, especially the last named. There was also retention of urine, and much general prostration, with frequent, liquid, and almost involuntary discharges from the bowels. I evacuated the bladder by the catheter, and gave the patient an emulsion of oil of turpentine, tinct. of opii, and quinine, to control the bowels, and 20 drops of the muriated tincture of iron every four hours. He has steadily but slowly improved. The erysipelatous inflammation has entirely subsided, except a spot on one knee; the bowels have become regular; the appetite better; but the bladder still remains in a state of atony, some urine dribbling away involuntarily, and the rest removed by the catheter. In one of the cases of erysipelas of the face and head, I used the tinct. of iron without any benefit. The patient recovered under the use of quinine, and alterative doses of calomel, with cold applications to the inflamed surface. In another case the muriated tincture was partially successful, and in another promptly and fully so. In the remaining cases it was not used.

Puerperal Fever.—During the past two months I have been called to attend six cases of this much dreaded disease. None of them proved fatal, although two sunk to a very low condition. The treatment in all the cases was commenced early; and in all but one the principal reliance was on opium and calomel, in the proportion of 2 grs of the former to 3 grs. of the latter every two hours until sleep and freedom from pain was induced. When this effect was obtained the doses were diminished, and the interval between their administration lengthened, but the use of the remedies continued until the effects of the calomel on the gums could be detected. Then if the pulse remained quick and irritable, I prescribed the following, viz.:

Tinct. veratrum viride, - - ʒj.
Tinct. opii et camph. - - ℥ii.

Mix. Give one fluid drachm every four hours, with 20 drops of muriated tincture of iron between each dose. Anodyne fomentations were applied to the abdomen early and continuously as long as tenderness remained. In one case no opium or calomel was given, and it may be worth quoting at length.

Mrs. B.—Pregnant for the first time; had suffered moderately from gastric and intestinal irritation, manifested by repeated attacks of vomiting and diarrhœa during the greater part of the period of gestation. About four weeks before her confinement I had been callad upon to treat her for a decided attack of gastritis, so severe as to make her dangerously sick for several days. While attending her for this attack, I learned, by actual trial, that she would bear neither morphine nor any of the preparations of opium without the most protracted nausea and severe nervous prostration. Being called to attend her while two of the cases of puerperal fever just alluded to were under treatment, I took every precaution that I could without refusing to attend. And I should have done this, had it not been for the previous attendance on the patient, and the extreme disappointment she would feel from the refusal. Her labor was favorable, and no unfavorable symptoms occurred until the evening of the fourth day after delivery. She then complained of some uneasiness in the abdomen, and having had only one slight alvine evacuation since her confinement, the nurse gave her a laxative, followed by an enema of warm water, but it failed to procure any evacuation. In the night she was seized with rigors, and increased pain in the abdomen, and much restlessness. Early in the morning I was sent for, and found her with an anxious expression of countenance, hurried respiration, hot skin, abdomen moderately distended, and tender to the touch, especially over the lower part; lochial discharge very slight, and secretion of milk diminished; pulse 180 per minute, and small, with a sense of distress in the abdomen, and much restlessness. Knowing the effects of opium upon her, I adopted the following treatment, viz.: applied fomentations of hops over the abdomen, and gave her the veratrum viride in combination as follows:

℞	Sat. tinct. veratrum virido,	ʒi.
	Spts. nit. dulc., - -	℥i.
	Tinct. opii et camph., -	℥i.

Mix, and give one tea-spoonful every *two* hours. I watched the patient closely, and in twelve hours the pulse was reduced to 95 per minute; she was less restless, and the abdominal tenderness diminished. The treatment was continued; the drops being given at intervals of three hours, instead of two. The following morn-ng, twenty-four hours after the commencement of the treatment, he pulse was only 85 per minute; the abdomen still bloated, but only slightly tender to pressure; the lochial discharge more free; he expression of countenance better; and the patient feeling omfortable, except slight nausea. I now ordered a large enema f warm water and common salt, which produced a free evacuation rom the bowels, and lessened the fulness of the abdomen. Continued the veratrum mixture every four or six hours for two days, nd the patient made a good recovery.

This is the second case of puerperal fever that I have treated ith the veratrum viride as the chief internal remedy. The first ase, I believe, was reported to this society on a former occasion.

Dr. Blaney inquired if any connection was observed between the cases of erysipelas mentioned in the report, and those of puerperal fever.

The reporter (Dr. Davis) replied that he was not satisfied that they had any connection with each other, either direct or indirect. Three of the cases of puerperal fever were not seen by him until the commencement of the fever, they having been attended in labor by *midwives* They were not known to have any connection either with erysipelas or other cases of puerperal fever. The circumstances connected with one of the other cases he had just detailed.

Of the remaining two cases, one was in a patient to whom he was called after she had been in hard labor twenty-four hours under the care of a midwife. He found the patient still having frequent and severe labor pains, extremely restless, with frequent vomiting and a quick pulse. On examination, he found the hand and fore-arm of the child protruding from the labia,and the shoulder and scapula so firmly pressed down into the cavity of the pelvis as to nearly touch the perineum. The presenting parts of the child were much tumefied, and the vagina hot and dry. The condition of the woman indicating the necessity of as speedy a delivery as possible, he at once oiled the hand well, and after a steady, patient effort, succeeded in carrying it past the shoulder into the cavity of the womb, and by working carefully between the pains, finally succeeded in reaching the feet. By making traction on the feet with the hand in the womb, and at the same time pressing back the shoulder with the fore and middle fingers of the other hand, he turned the child, brought down the feet, and completed the delivery in little more than half an hour. The placenta was removed without difficulty, and the flowing was moderate. As the patient was much fatigued by the protracted labor, and the abdomen remained more distended and tympanitic than usual after delivery, he took the precaution to administer 1½ grs of opium with three of calomel, and directed it to be repeated every three hours until the patient got some sleep. She rested some during the night, and did not repeat the doses of medicine.

He found her the next day, however, with a rapid pulse, dry skin, distended and tender abdomen, and suppressed lochia. She was brought rapidly under the influence of opium and alteratives with fomentations to the abdomen, and finally recovered.

The sixth and last case occurred in the same house, and in immediate contact with a previous case of the same disease. The circumstances are as follows:

Two sisters lived in the same house. One of them had passed through the usual period of gestation, and had been delivered under the care of a midwife. About the fourth day after the delivery, she was taken with chills, and severe symptoms of puerperal peritonitis, and the Doctor was called in. While attending this patient, the sister, who was about seven months advanced in pregnancy, was taken with labor pains, and soon expelled a dead and diseased fœtus. While attending her in labor, he found the labia ragged with chancres, and buboes in the groin. He soon found that both the women were affected with primary syphilis. Symptoms of peritonitis were subsequently developed in the second patient as severe as in the first.

Dr. Blaney remarked that he was fully satisfied that erysipelas was capable of communicating to lying-in women puerperal peritonitis; and also that the latter disease is highly contagious. Of the latter fact he had been so well satisfied, that for several years he had refused to attend cases of labor whenever he was in direct attendance on either of the diseases named.

Dr. Bloodgood stated that he had known one instance where a physician, while attending daily a bad case of erysipelas, in which suppuration had taken place, attended also *nine* cases of labor. And in every instance the labor was followed in a few days by puerperal peritonitis, which as uniformly terminated fatally.

* * *

ART. III.—*Uterine Polypus.* By George Higgins, M. D., of Aurora, Illinois.

I was called January last to Mrs C. A., seventeen years of age, had been married seven months; was about four months advanced in pregnancy. Two days before I was called, she rode into the country, a distance of five miles over very rough roads in a lumber-wagon. Before arriving at the place of destination, she began to suffer pain in the lower portion of the abdomen and lumbar region, requesting the driver to stop in order that she might get out of the wagon, but he being intoxicated at the time, refused to do so,and she was compelled to remain in that uncomfortable position. She was taken from the wagon, but uterine pains had already commenced with profuse hœmorrhage. After twelve hours she aborted. Hœmorrhage continued up to the time I was called, which was two days after the ride. I found the patient cold, colorless, nearly pulseless frequent fainting, laborious breathing, and flowing steady and profuse. I made use of the usual means to arrest the hœmorrhage, such as external cold over the region of the uterus and commencement of the vagina, and other means as far as time would permit. But to no purpose.—Then I proposed making a vaginal examination It was objected to. I told the friends the importance of doing it, as the case would prove fatal in a very short time if left to itself, when consent was given. I soon discovered protruding from the uterus, a tumor in appearance soft to the finger, and further examination detected its attachment to the side of the uterus by a nick or pedicle of less diameter than the polypus. At this time, hœmorrhage was profuse. I saw that a speedy removal of the tumor was necessary, as a few minutes more would terminate the patients existence. Then it was as to the best mode of doing it. As there was no time to be lost, I seized it between the fingers, and by a manipulating, rotating, twisting, and pulling operation, I succeeded in bringing it away. The flowing immediately stopped.

The patient recovered as rapidly as is usual in ordinary cases of abortion with the same loss of blood.

On examination of the polypus, I found it to be about eight inches long, by two in diameter, and attached as before stated.

I found the polypus to be hollow, and in the cavity which held haps two ounces of fluid, I found five or six hairs, from eight ten inches long

Now I do not mention this case as being the first, or the only he kind on record, because I know better. But as one t very often met with in common practice, and of the importance of making ourselves acquainted with all cases as far as possible, although the patient may object to the means made use of, as life may be saved by a certain course of independence on the part of the Physician.

* * *

ART. IV.—*Hints to Young Practitioners on the application of Certain Bandages, &c. &c.* By B. E. Dodson, M. D., of Morris, Illinois.

In the treatment of either the superior or inferior extremities, for the various injuries to those parts, fractures, dislocations, varicose-veins, ulcers of the leg, &c. &c., the practitioner is called upon to adjust bandages, and though in all the works on surgery he will find ample and definite directions for the manner of adjustment, &c., yet, he will sometimes encounter difficulties attributable to what he would (*without reflection and experience,*) consider very minor causes.

I have now in my mind's eye, some half a dozen cases, where the patients have lost nearly all use, either of their hand, or foot, and the cause more to be imputed to injudiciously applied bandages, than to the original cause of their adjustment, and some of these too, from the hands of surgeons of considerable eminence.

The error to which I allude, is in commencing the adjustment of the bandage too far from the extremity of the limbs, consequently impeding the circulation at the extremity, and thereby inducing œdema, local inflammation, &c. &c., retarding the natural healing process, and finally a relaxation of muscular fibre, and a weakened, relaxed, debilitated, decayed limb for life. If these worst results are not realized, the patient is at least subjected to quite unnecessary pain, by those "*partial bandages*" which I have often relieved, by taking off the bandage, and commencing the adjustment at the extremity of the limb, thereby affording almost instantaneous relief from needless real affliction.

I am now treating an inveterate case of "Sore Shin" with caries of the bones, &c. He has been under treatment for six years, and I have no hopes of affording any permanent relief. The leg has been banda *immediately* over the ulcer, until the leg was swelled above and below to nearly twice its normal size, and the veins are varicose, the patient very lame, and suffers great pain. I adjusted a bandage commencing "*at the extremity*," continued to the knee, three months since—the leg is assuming its normal shape,—he walks without limping—the ulcer discharges less, and a more healthy discharge—he suffers slight pain—says he is getting well—attributes the change to the little medication that has been used, &c. &c. His hopes, will not be realized, but *the hint*, may be worth something to some one about to "adjust a bandage"

MORRIS, ILL., March 20th, 1855.

SELECTIONS.

From the Medical Examiner.

Case of Gastrotomy for the Removal of a Leaden Bar; Recovery. By T. B. NEAL, M.D., Columbus City, Iowa.

EDITOR MEDICAL EXAMINER:

DEAR SIR—I transmit, for insertion in your valuable journal, the following remarkable and perhaps unique case:

The subject of this notice, L. Bates, æt. 27, resides at Wapello, twelve miles from this city. During the three days preceding Christmas last he had been drinking of common whiskey; and on that day, while intoxicated, attempted, on a wager, to swallow a bar of lead. The bar was 10 inches long, ½ by ¾ inches thick, and weighed one pound

Thrusting it far down the œsophagus, it slipped from his grasp, and immediately entered his stomach. Dr. Bell was sent for at once, but as Bates had formerly been a juggler, the Doctor, thinking that he was at some of his tricks, refused to go. Bates, not much concerned at the non-attendance of the physician, worked for three days after the accident in a pork-house, with but little inconvenience. During the night of the third day, however, he was seized with great pain in the stomach, accompanied with shooting pains along the spine, extending from the lumbar region sacrum, and thence to the hips. The next day he walked imbus, a distance of six miles, and sent for Dr. Robertson, est physician in this county, to attend upon him. Dr. R.

requested me to see the case with him. We found him, on the fourth day, comparatively easy. His tongue was white. breath very foul, and bowels constipated. Upon careful examination the œsophagus was found perfectly free and unobstructed. We administered to him morphia in small doses, and attempted to act upon his bowels, and neutralize the poisonous effects of the lead by large doses of sulphate of magnesia. Under this treatment, although the bowels were but slightly disturbed, he was rendered astonishingly comfortable, and could walk about a little. On the 3d of January, the tenth day after the accident, the severe gastric pain again returned, accompanied with vomiting, and other symptoms of gastritis.

The operation of gastrotomy was now resolved upon. Dr. Bell, of Wapello, performed the operation by making an incision through the walls of the abdomen, from the umbilicus to the false ribs, four inches in length and two inches to the left of the median line. The peritoneum being divided, Dr. Bell introduced his hand, and pushing back the protruding intestines, found that the bar of lead was nearly perpendicular, the upper end inclining a little to the left. The bar was pushed up, until the lower end came opposite the abdominal opening. It was then seized, and an incision made in the walls of the stomach, just large enough to admit of its extraction by means of forceps. The contraction of the muscular coat of the stomach caused the incision in the organ to close perfectly and without trouble. The external wound was stitched, and a compress applied.

The operation was performed between three and four o'clock P.M., the day was cloudy, and towards sunset grew quite cold. The patient was entirely under the influence of chloroform until about two minutes before the last stitch was taken, when he revived somewhat, and expressed himself as feeling better than he had done before. When the chloroform was first administered to him, he vomited freely; hence, when the opening was made in the stomach, nothing escaped therefrom, that viscus containing nothing but the leaden bar.

For the ensuing three days the system of the patient was kept under the influence of opium, and nothing but mucilaginous drinks, in small quantities, allowed as diet. He recovered as well as a patient does of uncomplicated gastritis.

I give you below the condensed notes of the progress of the case, taken by Drs. Bell, Robertson and myself.

January 4th, 10 A.M.—Patient tolerably quiet; pulse 85, and moderately full; some fever and thirst; vomited once, and bowels moved freely during the night, though he has been taking small doses of m[illegible] two hours; complains of pain in the stomach and bowels; continued the morphia, and ordered two tablespoonfuls of toast and water every two hours.

3 P.M. Patient still quiet: pulse 85, and rather hard. Took ℥x. blood from the arm. Continued morphia and toast-water.

January 5th, 10 A M—Rested well last night; bowels undisturbed for eight hours; then at 4 A.M. watery dejections; complains of nausea; pulse 83, and soft; tongue white; no soreness in the gastric region; some cough; ordered the following pill every two hours and a half:

℞	Hydrarg. chlorid. mit.	gr. ss.
	Pulv. ipecacuanhæ	gr j.
	Morphiæ sulphat.	gr. ¼.
M. ft. pil. i.		

5 P.M.—Complains of heart-burn, nausea, thirst, and frequent alvine evacuations; pulse 73, strong and full; craves acid drinks. Prescribed a weak solution of citric acid; it did not appear to agree with the stomach. At 9 o clock slight vomiting: therefore directed morphia' gr. ss., ipecac. pulv. gr. ii. At 11½ o'clock administered morphia, gr. ss. In half an hour patient fell into an easy sleep, his pulse growing softer. Directed gum-water and ice-water, a tablespoonful alternately every half hour, and the morphia every two and a half hours.

January 14th.—Met patient standing in the door; appetite good; pulse 70, and soft; wound looks well; dressed it, and ordered one blue pill, to be followed by enema if it failed to operate.

On the 16th the wound was nearly healed, and he had walked half a mile to see a neighbor. At the time of writing this hasty epistle, (Feb. 19th,) he has been out of the settlement some two weeks, and I learn has been at work. Wdat his exact condition is at present I do not know, not having seen him since he began to go abroad.
Yours respectfully, &c.,
T. B. NEAL.

NOTE.—There must be very few cases of this operation on record, as we have succeeded in finding but one, which is described in Chelius' System of Surgery, in a note by Mr. South: "Barnes," he says, " quotes from Becker the case of a young peasant, who on the 29th of May, 1635, whilst endeavoring to produce vomiting with the handle of a knife, let it slip from his fingers, and pass into the stomach. He was much frightened, but able to go about his usual occupation. It was, however, determined to re- ove the knife by operation, which was done on the 9th of July llowing, by a surgeon and lithotomist, named Shoval. A aight incision was made in the left *hypochondrium*, two fingers breadth under the false ribs, first through the skin and cel'ular membrane, then through the muscles and *peritoneum* The stomach subsided and slipped from the fingers, which prevented it from being immediately seized; but it was at length caught hold of with a curved needle, and drawn out of the wound. A small incision was then made into it upon the knife, which was then easily extracted. The stomach immediately collapsed. After the external wound had been properly cleansed, it was united with five sutures, and tepid balsam poured into the interstices. Tents impregnated with the same balsam, and a cataplasm of bolar earth, the white of egg, and alum were then applied.' (P 324.) Two sutures were removed next day; on the following day two more; but the fifth is not not noticed. On the fourteenth day after the operation the wound had healed Dr. Oliver saw this knife at Konigsberg in 1635, and says it was six inches and a half long. The patient completely recovered."

This is the only instance of gastrotomy proper we have been able to find recorded. The rarity of the operation is no doubt owing to the fact that most substances capable of entering the stomach pass eventually, even though quite bulky, into the intestine; in which case enterotomy may be required for their extraction. Of this latter operation, for the relief either of intestinal obstructions or the removal of foreign bodies in the bowels, numerous cases are on record. Mr. Benj. Philips, in an excellent monograph, published in the 31st volume of the Royal Medico Chirurgical Transactions, relates twenty-seven cases of intestinal obstruction, for which operations were performed. Thirteen of these were successful, though many of them were at the cost of establishing an artificial anus. An interesting case is relaied by Dr. White, of New York in the New York Medical Repository, Vol X., 1807, where a silver spoon, swallowed by a patient while delirious, was removed from the ileum.—EDITOR.

From the Amer Med Gazette, N Y.

Sedative Powers of the Root of Yellow Jesamine. By DR. CLEAVELAND, of Cincinnati.

MR. EDITOR: For some time past the profession in the West and South have had their attention called to root of the *Geeseminum Semfuvirens* or Yellow Jessamine as possessed of very wonderful and valuable remedial properties; even those of the most opposite and contradictory nature having been ascribed to it.

The history of the discovery of its power is said to have been ast follows: A planter of Mississippi, whose name is not remembered, while laboring under a severe attack of billious fever, which had not yielded to the remedies used. sent a servant into his garden to procure a root and prepare an infusion of it for him to drink. The servant, by mistake, collected the root of the Yellow Jessamine, made an infusion of it, and gave it his master to drink. — Soon after swallowing some of it, the planter lost his muscular power, so as to be unable to môve a limb or to raise his eyelids; while he could hear and feel and exercise his usual faculties as well as in health.

His friends became much alarmed at his great prostration, but after some hours he recovered his muscular powers, and was highly pleased to find himself free from fever. He soon learned from his servant what plant it was from which he obtained the root, and trying its effects upon the people of his own plantation and those of his neighbors, he ascertained that he had a valuable remedy for fevers. The use of the article became known to a quack, who prepared from the Gelsimum a nostrum which he styled the "Electrical Febrifuge," which was simply the tincture of the root of the Gelsimum, prepared with dilute alcohol, and disguised with the essence of winter-green.

After a time the true character of this tincture became known to the profession, and at the present time it is being used very frequently by many of this part of the country, who however seem from their reports not to have a very clear idea of its action on the system, or the class of cases for which it is indicated.

I have tested it uncombined with any other medicine, until I am satisfied that it is one of the most valuable sedatives at present known to the profession—and peculiarly valuable, as it expends its force mainly upon those nerves that are distributed to the muscles of locomotion. leaving entirely unaffected the intellectual faculties, and probably the great ganglionic system of nerves.

We have in the Aconite a valuable sedative to the nerves of general sense, or an anæsthetic to those nerves which, when infringed upon, cause the sensation of pain—a real pain-destroyer—so far as the superficial sensatory nerves are concerned. Hence its value as an external application in all painful conditions.

In the veratrum viride we have an excellent sedative to the muscular system, and to depress vascular excitement; but, while it depresses the vagus nerve, decreasing the frequency of the contractions of the heart, and deadening the sensibility of the lungs, and thus relieving them of a sense of want of breathing, it also sometimes deranges the gastric nerves, producing such an amount of nausea, and even vomiting, as to preclude the further use of the emedy It also not unfrequently induces such free cathasis as hus to greatly injure the patient if its use is continued.

These objections do not obtain against the Gelseminum, for while it proves a most powerful sedative to the nerves supplying the muscles of locomotion, as in the case of the planter who first took it, it never seems to produce the slightest effect upon the brain, or in the least degree to derange the stomach or bowels.

It does lessen the pulse and the frequency of respiration, and while it produces a wonderful relaxation of all the muscles, it relieves all sense of pain by acting upon the nerves of general sense in a manner similar to aconite.

Usually not more than thirty or forty minutes elapse after the agent is taken into the stomach before the sedative is experienced; and if the dose be not repeated, its influence will continue only for an hour or two. Many practitioners, however, seem not to be aware of this, and order doses, in my opinion, unnecessarily large, and repeat them only once in six or eight hours.

As yet the Gelseminum has been but little used, except in the form of a tincture prepared with dilute alcohol; but, as in the instance of its first trial, experience proves that the sedative property is fully soluble in water; and the experience of some in New Orleans, who made use of a tincture prepared with strong alcohol, would indicate that the root contained a dangerous resinoid substance, readily soluble in strong alcohol, but not soluble in dilute liquor or in water. Some deaths even occurred in that city, which were supposed to be produced by this poisonous resinoid principle.

The dose of the saturated tincture, with dilute alcohol, is from three to thirty drops; and I think it much better and safer to give small doses frequently repeated, than to risk a too large dose of a powerful sedative medicine.

I need not call the attention of your readers to the great variety of cases in which sedatives are indicated, and in which those that act as lobelia or veratrum do, on the stomach or bowels, are *contra*-indicated. Perhaps no other class of agents would be more frequently resorted to than these, did the profession feel sure they could command the agent which would produce the desired effect.

From sufficient personal experience, as well as from the observations of many physicians who have used this preparation, I am satisfied that, as a sedative to the nerves branching from the spinal cord, and going to the organs of locomotion, or the nerves of voluntary motion, and in a lesser degree the vagus or sympathetic branches of nerves that are distributed to the heart and the lungs, inducing a less powerful and less frequent pulse, and a more sluggish and feebler respiration, the Gelseminum will prove highly satisfactory to any who may give it a trial.

It has had ascribed to it tonic, alterative, anti-periodic, and phlogistic, anti-spasmodic, diaphoretic, diuretia, and perhaps many other anomalous and contradictory properties; but, like the laudations of so many foolish friends, so much has been said, that but little, if any, of these statements by many have been believed.

It may be possessed of other powers, but my most careful testing of the drug has revealed to me only its sedative powers.

Yours, &c.,

Cincinnati, February, 1855. C. H. CLEAVELAND.

Ulceration of the Legs. Clinical Lecture delivered at St. Bartholomew's Hospital, on Friday, Jan. 12th. By FREDERICK G. SKYE, Esq., F.R.S., Surgeon to the Hospital.

GENTLEMEN—I propose, in the ensuing lecture, to direct your attention to a group of cases that have recently come under treatment in the wards that have been placed under my charge by the treasurer of the hospital. They are those of chronic ulceration of the legs, and, for the most part, occurring in persons of advancing years. There are few persons attending the practice of our London hospitals who are not alive to the frequency of this form of disease. Our out-patients, as well as our dispensary receiving-rooms, teem with them. It may be truly said, their name is legion, whether in town or country. There is no disease so universal as the chronic ulcers of the leg in the lower classes of society, and, for reasons that I shall presently state, to this class are they almost exclusively confined. Eighteen years have elapsed since I published a small pamphlet on the treatment of this most common but troublesome malady. After eighteen years, a wider field of observation is open to me, and I have rejoiced in the opportunity of testing the truth of the views I then promulgated. They have been tried, and I am confirmed in their truth, and the result of that evidence I now proceed to place before you.

[The following cases are drawn up by Mr. Stanwell, Mr. Skye's house surgeon:]

W. G——, aged 41, admitted under Mr. Skye into Harley ward on Nov. 9th, 1854. On the left leg, on its inner aspect, was a large indolent ulcer, with very prominent white edges. He had been troubled with this for several years, and been unimproved by treatment. The ulcer was about the size of a crown piece. He took the common diets with a pint of porter daily, and soap-nd-opium pill, five grains at night. The alteration which even o doses of the pill made in the appearance of the ulcer was as markable as it was beneficial. The granulations (before pale, flabby, and extremely unhealthy) were red, small, and covered with a thin layer of healthy pus; the edges, before unhealthy and white, were level with the granulations. The last change was, however, assisted by the application of strapping and bandage. He progressed favorably. The ulcer nearly healed, until Nov. 28th. when, with another patient in the ward, he was seized with phlebitis. The ulcer now rapidly lost ground. Under tonic and stimulating treatment, he again got better, and is now in Abernethy ward, almost convalescent.

G. C——, aged 59, was admitted into Harley ward on the 9th of Nov. 1854. He had suffered for many years from numerous small ulcers on the left leg and foot, for which, as a means of cure, and as a last resource, amputation was deemed advisable. The ulcers, on admission, presented a most unhealthy aspect; deeply excavated; white, overhanging margins; pale, flabby granulations, from which a thin, sanious discharge issued. On admission, he was ordered the common diet of the hospital, and a pint of porter daily. Ordered confection of bark two drachms, three times a day; acetate of mor[illegible] two grains; cerate, a drachm, as an external application to [illegible] ulcers. This treatment he continued till the 27th of November, when he began to take the pills three times a day, the effect on the ulcers being manifestly very good. He is now lying in Abernethy ward, gradually getting better; under the same treatment.

J P——, a healthy-looking countryman, was admitted into Harley ward on the 11th of November, 1854, suffering from a chronic ulcer of the left leg, which had for some years resisted all attempts to cure it. The man suffered a good deal from cold extremities. The ulcer presented the ordinary characters of the indolent class. Good diet, rest, and the internal administration of opium, night and morning, in the form of soap-and opium pill, rapidly converted the unhealty granulations into red-pointed and cleanly secreting ones. After a short time, (on Nov. 30th,) he took half a grain of extract of opium, night and morning, as the combination with soap. seemed to relax the bowels. An attack of phlebitis, from which, under the treatment mentioned in the ward paper, (Dec. 1st,) he recovered, checked the process of cure (which was rapidly going on) for some days. On its cessation, the ulcer again assumed a healthy character, and he was discharged on the 4th of January.

Emily S——, aged four years, was admitted into Treasurer ward on the 10th of November, 1854. About an hour before a mail-c[illegible]ed over her right foot and ankle, causing a severe and extensively lacerated wound of the dorsum and sole of the foot. In the former situation, the extensor brevis digitorum muscle, and the tendons of the extensors of the toes were exposed. The integument and fatty tissue on the sole were much lacerated. The edges of the wound were brought into as accurate apposition as possible, and wet lint covered over the whole injured surface. The child progressed favorably, in every respect, until November 16th, when erysipelas (at the time very apparent) made its appearance, extending to the knee. The leg was wrapped in cotton wool, and a bread-and-water poultice applied to the foot. At the same time, she was ordered one grain of the disulphate of quinine every two hours, and six ounces of wine daily. The inflammation gradually subsided, the quinine having been previously increased to two grains, and afterwards changed for tincture of cinchona, forty minims, aromatic spirit of ammonia, twenty minims, every four hours. The granulations of the surface of the wound on Dec. 4th appearing indolent and unhealthy, Mr. Skye ordered one grain of soap-and-opium pill every night. This has been continued since Strapping has also been employed, and the child remains now in the hospital, a happy example of the beneficial effects of opium on unhealthy granulating surfaces.

Mr. P——, a London merchant, aged 66, tall and stout, had a chronic ulcer on his leg, nearly as large as the crown of a moderate sized hat. It had been his companion for seventeen years. He applied to two eminent surgeons, who said that they neither could nor dared to heal it. The supposed evil attending the arrest of a long-standing wound in the system you must take for what it is worth. My faith is somewhat equivocal. I told him I could cure it, and I dared to cure it. It discharged immense quantities of fœtid ichor, and had done so for years. Mr P—— was almost excluded from the drawing-room of his friends. I gave him half a grain of extract of opium night and morning, and I strapped his ulcer daily. In three days he expressed astonishment at the altered aspect of his deeply excavated ulcer In a week I increased the dose to one grain. In forty-two days this immense wound had healed to the size of a small watch. His health improved under the treatment. During the above period he had taken no form of medicine but that I have mentioned.

Such is the treatment I have adopted in these cases of ulcer of the lower limbs; and you will naturally inquire into its principles and objects, for it is not sufficient that you learn the efficacy of a given remedy in any given disease. You are bound, as students, to inquire into the rationale or the principle of a remedy, that you may hereafter yourselves extend its application, and generalize on its influence, were it for no other purpose than that of comparing, classing, or distinguishing diseases; for it may not unreasonably be inferred that two or more apparently dissimilar diseases, which are amenable to the same remedy, must have at least some characters in common.

I venture to attribute to this remarkable drug the property of promoting the formation of healthy granulations on a surface that, notwithstanding all the previous appliances of surgery, is yet flat, pale, and ungranulating. Now, there is no example of the power of opium to effect this object more conclusive, or in which there is more work to be done, than that form of disease of which I am speaking, which consists of a gap formed on the surface of the body, of greater or less depth in diameter, and in which there exists not even a trace of a curative action; and yet the object is accomplished by means of this agent, and often with remarkable celerity. We call opium a stimulant and sedative. As a stimulant, it is not very often employed in practice; while its properties as a sedative are well known, and in daily requisition. Its property of mitigating pain and of promoting sleep is that for which it is almost exclusively employed; and so completely is its action associated with this sedative principle, that its occasional influence as a stimulant is almost entirely lost sight of, and the stimulating property has merged in the supposed sedative. How otherwise can we explain the reasoning of Mr. Pott, who may almost be termed the father of modern British Surgery? In speaking of the subject of opium in the treatment of gangrena senilis, he refers its undoubted efficacy to its property of soothing pain. He says: "I have always found that whatever tended to calm, to relax, and to appease, at least retarded mischief, if it did no more."

But, in truth, pain, though common, is by no means an invariable concomitant of senile gangrene; and it is tolerable notorious that opium is a valuable remedy in all cases of this disease. How then—on what principle does opium act in those numerous cases of senile gangrene that are destitute of pain, and in which it is an equally efficacious remedy?

I believe that its sedative properties have little concern with the result. In truth, opium is a most valuable stimulant of the vital powers, and whether its action originates with the centre or the periphery of the circulation, whether primarily on the heart or on the capillary vessels, I do not pretend to know. But there is no drug, simple or composite, known to our pharmacologists that possesses an equal power with opium, of giving energy to the capillary system of arteries, of promoting animal warmth, and thus maintaining an equable balance of the circulation throughout the body. To maintain the balance of the circulation! How much of meaning is attached to these words!—how many affections of the bodily frame may not be brought within the range of this definition! Take the common chilblain: what is it but a local congestion of blood caused by defective capillary power? There is no better remedy than opium; cold feet, as characterizing a person or a constitution, equally relieved; senile gangrene, the result of arrest of the capillary circulation, or its apparent opposite, local hyperæmia—these diseases, one and all, manifest a local power, a failure in the balance of circulation. The term "inflammation," a word formerly in the mouths of our professional gentlemen on all occasions, is now limited in its application, and should be yet more limited, and I believe, in a yet more advanced state of medical science, will be restricted to an actually rare condition of the system. The influence of opium in such conditions is that of promoting a genial warmth over the system, a glow exactly resembling, and in fact identical with, that produced by the reaction on the system which is caused by the cold bath. *It is local health*, and the sensation is most agreeable The benefit derived from opium, when administered for the purpose of arresting inflammatory action of the vessels, admits, I think, of much doubt, and should be resorted to with some hesitation as a remedial agent, though I am quite persuaded that the evil of its administration is greatly overrated. But who will profess ignorance in these days of the inestimable value of this agent when resorted to immediately after an attack of inflammation has been subdued by a local or general bleeding? Here we can imagine that the activity of the disease being checked, the diffusing influence of opium on the circulation may act as a simple derivative, operating on the vessels at the moment they are not indisposed to yield up their blood, and to which indeed they are compelled by the diffusive power of the general stimulus.

Many years ago, and before the introduction of railway traveling, I was summoned late one afternoon to see a patient some eighty miles from London. I traveled outside the mail. This occurred in the month of December, and the night was extremely cold. By some mistake, I omitted to bring my great-coat, and for the first hour I suffered a good deal. On reaching a town at some ten miles distance from London, I took the opportunity, while changing horses, to run across the street to a druggist's shop, where I ordered a draught, containing twenty-five drops of tincture of opium. I believe I was the only person outside the coach that night who did not suffer the slightest sensation from cold. But it will be urged by many, who have experimented on and who have observed less than I have done, the medical properties of opium, the infinite importance of studying the reactive effects of this deadly poison, and they would inquire into the condition of a person so treated on the following day. You may be assured that it amounts to *nil*. You will, I am sure, readily understand what I mean when I say the cold and the opium mutually balanced and mutually neutralized each other. There could be no action, because the influence of the depressing agent, viz., the cold, rather than otherwise, exceeded in duration that of the stimulant. If the period of prostration were brief, and limited to one or two hours, the argument might hold; but it is but a sorry objection to be urged after all.

I wish I could impress on the minds of the medical authorities in the Crimea the real benefit that might be derived to our noble troops, beaten down by intense cold and suffering in its various forms, from the judicious administration of opium. If twenty-five or thirty drops of tincture of opium, in addition to the ordinary quantum of rum, were administered to each soldier whose nightly services are required in the trenches or on guard, you would hear little complaint of cold for that night, neither would it produce the smallest tendency to sleep. And what do you imagine would be the objection urged against the proposition? "You would destroy the efficiency of the entire army; you would corrupt their morals; you would engender the most enervating habits; they would all degenerate into professed opium-eaters; and, in fact," says the alarmist, "the idea is preposterous."

Here again I assert that no possible evil could result; the only sensation, present and future, would be the absence of cold. If cold beget suffering, opium is the antidote of that suffering, and the one will assuredly neutralize the other.

Notwithstanding the prejudices and the bigotry that have long beset the public mind on this subject, and from which our profession is not totally exempt, there is no comparison to be drawn between the practice af dram-drinking, and the excessive indulgence in the use of opium. The man who indulges in spirituous liquors makes daily inroads on his digestive powers, not less than on his brain. His appetite is destroyed, and the pabulum for his blood is withheld from his circulation. He is stamped for life. and his perfect health is irrecoverable. The influence of opium, when taken as a means of indulgence, though deleterious, is not permanently injurious. It exercises no serious influence on his digestion, or on his cerebral organs, and the practice once controlled, leaves him in a condition to regain, without difficulty, the fullest vigor of both bodily and mental health.

I have related to you the particulars of several cases of chronic ulcer in which recovery was attributable to the medical properties of opium, and almost to opium alone. The character of these ulcers strongly marks the inactivity of their nature, and hence the class of society to which they belong. They are marked by a flat base, which indicates, by its pale, flabby uniformity of surface, that no reparatory action has approached it. It is often surrounded by a thick, high ridge of lymph, covered by unhealthy integuments. The depth of the ulcer, which may be seven or eight lines, is caused partly by the excavation of the ulcer below the natural level of the healthy integuments. So long as this ridge exists, although granulations may form, and will form from the date of the employment of the opium, yet cicatrization will never complete the process of cure unless some wound or ridge be absorbed. Now the action of opium is not alone exhibited in the development of healthy granulations, but in the entire complement of such actions as are required by the sore, viz., the formation of new material, and the absorption of the old.

The influence of the stimulant is exhibited, therefore, not on one particular function. It does not merely promote secretion, but it stimulates to healthy vital actions in their entirety, viz., secretion, organization, and absorption contemporaneously. The granulations are secreted and organized, while the circumvallation of unsound mateaial, the product of years of growth, is gradually absorbed, and reduced to the level of the surrounding integument. For the removal of this wall it is quite as indispensable to the ultimate result as the obliteration of the cavity by granulation. Without the two surfaces be brought to the same level, the process of cicatrization, or skinning over, will never be perfected.

If, therefore, we find that a disease like that I have described, and which exhibits so palpably a dormant condition of the remote capillaries, is amenable to this form of stimulant, which can only accomplish the cure by the substitution of healthy for morbid actions, why should we restrict its employment to this class of disease? Why, as I have elsewhere inquired, may we not experiment with success on any local disease dependent on the same cause—viz., an inert condition of the remote vascular system?

In claiming for opium the merit of rousing into healthy action the dormant capillary system, to the end of accomplishing the permanent cure of the chronic ulcer of the legs in old persons, I by no means wish you to infer that I consider all other modes of treatment unworthy of trial. Indeed I attach great value to that recommended by Mr. Baynton, of Bristol, and others; but, having tested their value, I have no hesitation in pronouncing that which I have recommended as by far the most certain and efficacious.—*London Lancet.*

BOOK NOTICES.

Cases of Polypus of the Womb. By WALTER CHANNING, M.D.

Lectures in Reply to the Croonian Lectures for 1854, of CHARLES WEST, M.D., London. By HENRY MILLER, M.D., Professor of Obstetric Medicine in the University of Louisville, &c. &c.

Oration before the Physico-Medical Society of New Orleans. By A. MERCIER, M.D., &c.

Dr. John H. Griscom's Anniversary Discourse for 1854.

Report of the Pennsylvania Hospital for the Insane, for the Year 1854 By THOMAS S. KIRKBRIDE, M.D., Physician to the Institution

Twelfth Annual Report of the Managers of the State Lunatic Asylum, N. Y.

Dr. CHANNING has reported thirteen cases of uterine polypus which has come under his own observation. The pamphlet is republished from the Boston Medical and Surgical Journal.

Dr. Miller's Lectures are devoted to the defence of the speculum, and topical medication of the os uteri against the attacks of Dr. West. We have not space for an analysis even of the lectures, but commend them to the attention of those interested in the controversy. It may be that the true value of the speculum as a means of diagnosis has not yet been determined. We have no doubt but that it has been abused, but in our own practice it has revealed to us facts in regard to the pathology of the os and cervix uteri, that we did not know how to acquire in an manner.

A notice of the lectures of Dr. West will be found o page.

Dr. Mercier's discourse is upon the progress of surgery since the commencement of the present century. Among the improvements due to American surgeons, Dr. M. records the extirpation of the ovary practised in this country by Drs. McDowel and Nathan, and Alban Smith, before it was advocated by Morand and Lizars. The two inferior thirds of the sternum and the extremity of the corresponding ribs were resected in the surgical wards of the Charity Hospital in New Orleans in 1846. Dr. Wedderburn removed the radius and cubitus entire in 1852. Dr. W. H. Deaderick of Rogersville, Tenn., removed a portion of the inferior maxillary bone in 1810, two years before Dupuytran performed the same operation, which added so much to his reputation. Dr. Mott, in 1813, first passed a ligature around the brachiocephalic trunk and in 1827 first ligated the common iliac. This operation was afterwards performed by Crampton, of Dublin, without success, and by C. A. Luzenberg, of New Orleans, resulting in a perfect cure of his patient. Dr. Luzenberg also twice extirpated the parotid gland.

Dr. Mercier does not allude to the triumphs of Dr. Dudley in the operation for stone.

Among those aids which America has rendered to progressive surgery the discovery of ether and chloroform, and their application for the production of anæsthesia, is considered by our author—and very justly, we think—the most prominent.

Accompanying the lecture is the report of a successful operation for ovariotomy.

The Anniversary Discourse of Dr. Griscom before the New York Academy of Medicine is devoted to a discussion of "the relation between the people and the science of medicine." It is well written, and calculated to interest both physician and people.

The Report of the Pennsylvanian Hospital for the Insane contains, in addition to the usual tables, an eloquent tribute to the memory of the late Jacob G. Morris, one of the managers of the institution and who perished on the ill-fated Arctic.

The Report of the Managers of the New York State Lunatic sylum coontains much that is interesting to physicians.

Of 360 patients, the disease was hereditary in 142, or 29-97 per cent of the whole number admitted, and 36-41 per cent had insane relatives. J.

An Inquiry into the Pathological Importance of the Ulceration of the Os Uteri: beeing the Croonian Lectures or the Year 1854. By Charles West, M.D., &c. &c. Philadelphia: Blanchard and Lea.

The views of Dr. West on this *questio-vexata* must be regarded with interest by the prefession. We have therefore read with care these lectures, with the hope of finding some new light thrown upon the pathology and significance of uterine ulceration.

After describing the changes through which the uterus passes during pregnancy, and after parturition, and some of the morbid conditions sometimes dependent, partially at least, on those changes, and at others independent of them, the question is asked how are they explained? Do they proceed from an invariable pathological occurrence, which is present in every case, how widesoever may be in other respects the points of difference, or are they the indications of disordered function, which may depend on causes various as those which produce vomiting or occasion dyspnœa?" This inquiry constitutes the subject of the lectures, and if we understand it aright, it is this. Is ulceration of the mouth of the womb a local disease, producing the symptoms usually accompanying it? or is it itself one of a numerous train of symptoms indicating functional derangements, dependent upon various causes? The author maintains the latter proposition.

Dr. W· gives the following descriptton of ulcerations, or, as he terms them, abrasions of the os uteri:

> The ulcerations to which such important results are attributed are, for the most part, mere superficial abrasions of the epithelium investing the lips of the os uteri, whose abraded surface is of a vivid red color, and finely granular. In other cases, in which the absence of epithelium is less complete. the surface seems beset by a large number of minute, superficial, apthous ulcerations, between which the tissue appears healthy, or slightly redder than

natural. The ulcerations of the os uteri seldom or never present an excavated appearance, with raised edges, as ulcers of other parts often do; but either their surface is smooth, or it projects a little beyond the level of the adjacent tissue. They are usually, but not constantly, of greater extent on the posterior than on the anterior lip, are sometimes confined to the former, but very rarely indeed limited to the latter. They appear to commence at the inner margin of the os uteri, whence they extend onwards, and sometimes, though by no means invariably, the short extent of the canal of the cervix uteri which can be brought into view by the speculum, appears denuded of its epitheliu. The adjacent parts of the os uteri vary considerably in their appearance: sometimes their natural pale rose tint is preserved up to the abrasion or edge of the abrasion, which is marked by a distinct, well-defined line, while at other times the whole surface is of a much more vivid red than natural, and the line of demarcation between the abraded and the healthy surface is irregular and indistinct, the one encroaching on the other. The orifice of the uterus is generally more open than in a state of health; and the disappearance of the abrasion, which always takes place from the periphery towards the centre, is accompanied by the gradual closure of the previously patent orifice. The state of the tissue of the os and cervix varies; sometimes there is a very marked softness of the parts, the condition resembling that of the uterus soon after abortion or delivery, while at other times it is much harder than natural; but it certainly is not at all a common occurrence for extensive abrasion of the os uteri to coexist with a condition of the organ such as would seem healthy to the touch. The secretion from the surface varies considerably in different cases, and the chief part of the leucorrhœal discharge from which patients suffer is derived from withn the canal of the cervix, or from the cavity of the womb—not from the abrasion itself. Still, in some instances, those especially in which the ulceration presents a very marked granular character, the discharge derived from this source alone is far from inconsiderable. The degree of sensibility which the ulcerated surface possesses also varies greatly; now and then the slightest touch is extremely painful; but in the majority of cases, the ulcerated surface is not more sensitive than the adjacent parts, nor is the neck of the uterus, whose os is abraded, by any means constantly more tender to the touch than the same part of an organ entirely free from that infection.

From the analysis of a large number of cases tabulated in Lecture Second, the following conclusions are derived:

1st. Uterine pain, menstrual disorder, and leucorrhœal discharges—the symptoms ordinarily attributed to ulcernation of the os uteri—are met with independently of that condition almost as often as in connection with it.

2d These symptoms are observed in both classes of cases with a vastly preponderating frequency at the time of the greatest vigor of the sexual functions, and no cause has so great a share in their production as the different incidents connected with the active exercise of the reproductive powers. But it does not appear that ulceration of the os uteri exerts any special influence, either in causing sterility or in inducing abortion.

3d. While the symptoms are identical in character in the two classes of cases, they seem to present a slightly increased degree of intensity in those instances in which ulceration of the os uteri existed.

4th. In as far as could be ascertained by careful examination, four-fifths of the cases of either class presented appreciable changes in the condition of the uterus—such as misplacement, enlargement, and hardening of its tissue, while frequently several of these conditions co-existed. An indurated or hypertrophied state of the cervix uteri was, however, more frequent in connection with ulceration of the os uteri than independent of that condition.

5th. The inference, however, to which the last-mentioned fact would seem to lead, as to the existence of some necessary relation, such as that of cause and effect—between ulceration of the os uteri and induration of its cervix, is in great measure negatived by two circumstances :—

1. The number of instances in which an indurated cervix coexisted with a healthy os uteri.

2. The fact that, while induration of the cervix was present in twenty-five out of forty-six cases, in which the ulceration of the os uteri was very slight, it was altogether absent in nine out of sixteen cases in which the ulceration was noted as having been very extensive.

In the third lecture, Dr. West enters into a consideration of the causes of uterine disorder. Numerous cases are reported, tending to illustrate and sustain the proposition contained in the following short extract:

> Unfortunately, I can put forward no such pretensions, for I believe that instead of the different symptoms which are supposed to depend on ulceration of the os uteri being produced by that or by any other single cause, they in reality arise from very various causes; that at one time they attend on general constitutional disorder, at another on some ailment of the sexual system, and that ailment by no means the same in every instance. If this be so, however, instead of the consideration of one pathological condition

> of the uterus and its possible consequences, we have to inquire into little less than uterine disorders in general, their causes and their symptoms—an undertaking which would occupy not one lecture, but several; and the preparation for which would be the study of a lifetime.

In this controversy Dr. West seems to us to state the proposition of his opponents in an unfair light. The most strenuous advocates of topical medication of the os and cervix uteri admit that in many instances the symptoms that accompany ulceration of those tissues may be dependent on other causes, and that for their proper treatment, not only is a knowledge of the whole catalogue of uterine diseases necessary, but that, as an aid in diagnosis and an adjuvant to other remedies, the speculum and topical agents are invaluable. Dr. W. himself admits that local medication is sometimes necessary, especially in that condition of the mucous membrane known as granular metretis. For our own part, we have adopted the maxim: *in medias res ibis tuitssimus*. We are no advocate for specialities narrowed down to the treatment of a single affection, whatever it may be. Devotion to a single organ, or a single disease, necessarily results in injury to both physician and patient, and the man who sees in every pelvic pain his favorite malady is fitly described by our author.

> He unlearns what physiology might teach him of the uterus and its functions, and sees in all the varied manifestations of disorder the expression of one fact, and of one alone; namely, the existence of ulceration of the womb, and its reaction first on the uterine system, then on the general health. For him, indeed, there is little more to learn in uterine pathology; for when once a case has been ascertained not to be one of fibrous tumor, polypus, or cancer, then ulceration of the os uteri is the almost invariable cause to which the symptoms are referred, and the cure of this ulceration is the one grand object at which he endeavors. All the evils inseparable from the practice of a speciality are thus aggravated, and the natural tendency of such practice to subside into routine, or to degerate into empiricism (I use the word in no invidious sense), becomes almost unavoidable.

After discussing the dangors from the use of the agents ordinarily employed, the Dr. remarks:

At the same time there are some exceptional cases, which I have already referred to, where ulceration, or some allied morbid condition of the os uteri, is found to exist independent of any appreciable disease elsewhere; and others, equally rare, in which, after symptoms of uterine ailment have been subdued, a morbid state of the os uteri persists which is benefited by stimulant applications. In such cases, I use either the nitrate of silver or the acid nitrate of mercury, though neither of them frequently; and for weeks together no case appears among my patients at St. Bartholomew's Hospital in which the employment of either appears to me indicated. J.

A Systematic Treatise, Historical, Etiological and Practical, on the Principal Diseases of the Interior Valley of North America, &c., &c. By DANIEL DRAKE, M. D. Edited by S. HANBURY SMITH, M. D., and FRANCIS G. SMITH, M. D., Second series Philadelphia: Lippincott, Grambo & Co. 1854

This second volume of Dr. Drake's great work has been on our table some time, and we should have noticed it earlier but that we wished first to give it a careful examination. This we have not yet been able to do, but from what we have seen of it, we can assure our readers that it will not diminish in the least the reputation of its distinguished author, of whom we in the West may justly feel proud. The two volumes constitute a complete library on the diseases of the great Mississippi Valley.

For sale by A. H. & C. Burley. J.

EDITORIAL.

New Orleans, March 19th, 1855.

Dr. Davis:

Dear Sir,—As I am spending a few days in this city, I have determined to avail myself of the opportunity to visit the hospitals and become acquainted with its medical advantages. A few mornings since I had the pleasure of following Drs. Stone and Nott through their wards in the Charity Hospital. In the wards of Dr. Nott were a large number of consumptives, the most of whom had contracted the disease in a Northern climate, and had come here to wear out the remainder of life. So far as I could see, no treatment was pursued. One case which came in just before our visit, was hastily examined; the ear placed beneath the scapula for a moment, and with two rude thumps the patient was passed, the Dr. remarking that "there were cavities, and that it was a hard case." Dr. Nott had the kindness to show me a very fine specimen of diseased bone, the enlarged shaft of a femur enclosing a sequestrum, while the head and neck of the bone were very much atrophied, although healthy in appearance. The disease had been of long standing, and I learned from the young man who made the post mortem, that the ilium was diseased.

Dr. Stone showed me a case in which he had recently removed a malignant tumor of the lower lip. Two incisions were made parallel to each other, and extending from the angles of the mouth to the hyoid bone. The flap was dissected loose, and slid up, the diseased parts having been removed, and retained in position by twisted sutures. The operation was successful, their being at present but little deformity. I also saw in the surgical wards a case of hydrocele, under treatment. The method adopted was by opening freely with a lancet or scalpel, the sac, evacuating the fluid contents, and keeping the orifice patent by the introduction of a tent of lint. Dr. Stone tells me that this se, as he has found it more successful than injec more under the control of the surgeon. We

Dr. Stone has also recently tied the gluted artery for traumatic aneurism. It is reported at length, with remarks, in the New Orleans Medical News and Hospital Gazette. A boy, ten years of age, on the 28th of December last received a penetrating wound from a narrow bladed knife in the gluteal region. The wound healed kindly, and the patient was out in a few days. On the evening of the third of January, sharp lancinating pains were felt in the gluteal region, extending during the next day to the knee and ancle; on the fifth, his physician, Dr. Randall, of Galveston, Texas, discovered a large pulsating tumor in the wounded region, which, in spite of compression and every means used to prevent it, continued to increase. Dr. R. proposed to ligate the gluteal artery, but his colleagues not consenting, the patient was brought to this city and placed under the care of Dr. Stone, who operated by laying open the tumor, removing the clotted blood, and placing a ligature around the artery at the bottom of the wound.

The operation was perfectly successful, the patient being discharged on the 17th day. Ligature of the gluteal artery is certainly a rare operation. Its depth beneath the surface, and in traumatic aneurism the difficulty of finding it in the infiltrated tissues, would certainly be sufficient to deter most surgeons from making the attempt, except as a last resort.

Dr. Stone's patients, even those with vascular excitement, were mostly on tonics and stimulants, a course of treatment to which observation and experience sooner or later conducts most practitioners in the South-west, in spite of the theories of inflammation and its treatment by antiphlogistics. In several cases of fracture the dressings were very simple.

I have just attended the commencement of the medical department of the University of Lousiana. The address to the class by Dr. Jones consisted in an enumeration of the names of great men who have been connected with the profession of medicine. The effect on our own mind was to make us feel that we were in good company, and that, however much quackery may have done to disgrace us, these nobles of our race have done infinitely more to adorn and dignify our noble science and our philanthropic art.

The Dr. intimated that he had a work in preparation in which these magnates of the profession would be catalogued.

The facilities for medical study are as good here, I am quite satisfied, as they can be in New York or Philadelphia. From ten to fifteen thousand patients are prescribed for annually in the Charity Hospital alone. In addition, the Marine Hospital is accessible to students, thus furnishing the most ample opportunities for the study of clinical medicine and surgery, and of pathological anatomy.

I spent a very pleasant evening with the members of the New Orleans Academy of Sciences—an institution which has been growing up here for the last two or three years. The academy is in a flourishing condition, and is doing much towards stimulating the young men of the city to scientific investigations. It must be evident to every one acquainted with the natural resources and prospective development of the Mississippi Valley, that the American character, with its institutions, its science and its literature, must grow up here in the West. Literary and scientific organizations, however small may have been their beginning, are, therefore, of vast importance in the effects which they may have in giving direction to future efforts. We should have in our own city something of this kind. The natural history of Northern Illinois, its geology, minero logy, and meteorology are but little known. This, in addition to the questions of general interest, would furnish abundant material to interest our young men at least, and would open the way for more extended scientific inquiries in the future.

In looking over a late number of the *Compte Rendus*, in the possession of Professor Riddell, I find the following, which, from its physiological interest, I send you for publication. For the translation I am indebted to my friend, Prof. W. P. Riddell, of the chemical laboratory of the University of Louisiana.

On the Manner in which Small Corpuscles pass from the Intestines to the Interior of the Chyliferous and Sanguineous Vessels. By Messrs. F. Marfels and J. Moleschott, of Heidelberg.

We have proved, by a great number of experiments, made on the frog, that small corpuscles, with a smooth surface, (the molecules of the black matter of the choroid of the eye and the sanguineous corpuscles of the ewe and of the ox,) pass from the cavity of the intestines into the sanguineous capillaries of the mesentery and of the heart. Repeated experiments and observations, made on the frog, on the ox, on the rabbit, on the dog, and on man, have demonstrated to us that the particles pass from the stomach and the intestine into the cells which cover the mucus of these organs, and which, as Mr. Brucke, the illustrious physiologist, of Vienna, has justly remarked, are only enclosed by a soft mucus, which is permeable to small molecules of fat. After having passed out of this cellular system, the corpuscles enter the depressions of the villous coats of the mucus, and then into the freely opened roots of the chyliferous vessels which Mr. Brucke has described, and which only take their origin beyond the villosities in the mucus of the intestines. We have since found the molecules of the black matter of the eye, which we had mixed with the meat and milk which formed the nourishment of our dogs, in the chyliferous vessels of the mesentery, and in the thoracic canals of these animals. The channel which these corpuscles follow in traversing from the intestinal cavity into the sanguineous vessels, has been established in all its extent by direct observation.

The passage of the black matter of the eye into the epithelial cells of the intestine also occurs after death, especially if it, be favored by a temperature of about 86° Fah., and a pressure of from nine to ten centimres of mercury.

This permeability of the epithelial cells of the digestive organs is not a general property of cells; it is wanting in the corpuscles of the blood of the frog, as well as in the polygonal cells of the human tongue.

We would also add that the digestion of the greater portion of fat, as has been well observed by Mr. Brucke, should be regarded as operating in virtue of a mechanical transport, and not as a simple solution—the digestive juices only enjoying, in fact, the power of suponifying but a small proportion of the fat which we digest.

To Dr. Chop the editors of the New Orleans Medical News and Hospital Gazette, and your friend Dr. Fenner, as well as to Professors Riddell and Stone, I am under many obligations for their kindness in rendering my stay in the city both pleasant and profitable. H. A. J.

Advertising and the New York University.

We have recently received several advertisements, with a request that they should be inserted in the Journal. If we were willing to be governed by the principles which seem to govern the newspaper press generally, we should insert them all without the least hesitation. We have ever doubted the correctness of the principle, however, and shall entirely repudiate it, so far as our own journal is concerned.

We shall publish no advertisements *merely* because they can be paid for. According to our ideas of morality, a publisher who, for a stipulated price, inserts an advertisement in his paper or journal, becomes in part at least responsible for the influence it may exert on his readers. It is in vain that the publisher attempts to shield himself under the plea that the advertiser is alone responsible for the influence of his advertisement; that his paper is only the *passive* medium through which it comes before the public. For it requires only a very limited observation to show that a large class of readers indissolubly connect the character of the editor and publisher with everything they find in their columns. And the expression is not uncommon, that there must be some truth in such and such statements or advertisements, or Mr. A. and Mr. G. would not have published them. We were led to these remarks by an advertisement of the Medical Department of the New York University, sent us a few days since with a request that we would give it two insertions in our journal. It covers three pages of foolscap, and would make something more than two pages of closely printed matter. After stating the number of students in attendance during the last session, the number of graduates, and the names of the professors, the "Course of Instruction" is announced as follows:

"The course of lectures given will be on anatomy—general, descriptive, surgical, and pathological; principles and operations of surgery; materia medica and therapeutics; institutes and practice of medicine; obstetrics, the diseases of women and children, with clinical midwifery; chemistry and physiology; clinical surgery; clinical medicine; clinical lectures on the diseases of the genito-urinary organs; clinical lectures on the diseases of women and children; clinical lectures on physical diagnosis."

Here we have announced *eleven* distinct "Courses of Lectures," with nothing to qualify in the least the necessary inference that they are all actually given during the regular college term; and nothing to prevent the reader from believing that the CLIINCAL instruction so prominently spoken of actually consists of instruction at the bed-side of the sick in one or more of the hospitals in that great commercial metropolis; and yet nothing could be more erroneous than such inferences.

Again, about one-half of this advertisement is made up of an account of five *College Cliniques*, held each week in the College building. The first enumerated is in the following words, viz.: "1st. *An Obstetric Clinique for the diseases of women and children*, on every Monday, from 2½ to 4½ o'clock P.M., by Prof. Bedford. Since the organization of this Clinique in Oct., 1850, there have been actually presented to the classes of the University between *eight and nine thousand* cases of the most interesting diseases incident to women and children."

Since Oct., 1850, there have been *five* College terms in the University. If we allow twenty weeks for each term, which will include both their regular term and their preliminary courses, we shall have 100 weeks for the five years, and an aggregate of 200 hours devoted to these cliniques, by Prof. Bedford. Now if we take the whole number of cases stated to be eight thousand five hundred, it will give 42½ patients for each clinique hour, or little more than one patient for every minute and a half. The reader must remember that the advertisement says all these cases have been "actually presented to the classes of the University." Only think of a professor of obstetrics "actually" presenting a case of the "most interesting diseases of women and children" every minute and a-half, for two hours in succession, and that, too, for every week for five successive College terms! We should have thought the statements in this advertisement had been made up exclusively for *Western* use, on the supposition that the Faculty of the New York University had taken it for granted that Western publishers were a little more *green* than the grass on our prairies, had we not found the same with many others in their recently published Announcement for 1855-6.

In the latter, after specially enumerating 769 cases of diseases of females "introduced to the class during the session just closing," it is added, " that each of the above cases was presented to the class, and fully examined, together with the necessary discussion of its causes, symptoms, diagnosis, and treatment."

The session then "just closing" was one simply of four months, or at longest eighteen weeks. A clinique of two hours every Monday would give the professor thirty-six hours during the session, or little more than one patient for every *three minutes*, without including any of the " almost every variety of infantile disease," which was presented at the same cliniques. To present to a class of students, fully examine, and discuss the causes, symptoms, diagnosis, and treatment of an important disease in from 1½ to 3 minutes on the average! Pooh! where is Barnum? What a slow coach the telegraph is? But, seriously, when will professors, as well as all others, learn that honesty is the best policy, and that the world, after all, readily distinguishes between a bag of gas and a pile of gold. If the Medical Faculty of the New York University, or any other Medical School in the Union, will send us a plain and truthful advertisement of their next college session. we will insert it in our journal with great pleasure, and for a reasonable consideration. But such bombast and transparent misrepresentations as we have been alluding to we will not publish either for love or money.

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The Medical Department of the University of Michigan.

In the March number of our Journal we informed its readers that the Legislature of Michigan had passed a law requiring the establishment of a Chair of Homœopathy in the medical department of their University at Ann Arbor. In the last number of the Peninsular Journal (the organ of that school) the fact is fully admitted; but the Editor labors through several pages to show that the act of the Legislature has no legal force, the University in all its departments being placed, by the Constitution of the State, exclusively under the control of a Board of Regents, whose powers and duties are independent of Legislative instructions.

We hope, for the credit of the State and of the profession, that these views are correct, and that the Board of Regents will exhibit more good sense than the recent Legislature. And yet our friends at Ann Arbor cannot feel very secure while they remember that the Regents themselves are elected by the same people who elected the Legislature. All experience has shown that the assumption of a position antagonistic to the mandates of a popular Legislature, though capable of postponing certain results, is generally more disastrous in the end than ready obedience. The cry of monopoly, the charge of shrinking from free discussion and an *equal* participation in the benefits of the State University, and the vulgar accusations of illiberality and old fogyism, wielded by demagogues and interested partizans, will rally an opposition which the Faculty at Ann Arbor, even if aided by the unanimous action of the Regents, will find it no easy task to withstand. In this contest the Faculty have our sincere sympathy. We notice, however, in the same number of the Peninsular Journal, a somewhat lengthy review of Dr. Cabell's Report on Medical education, contained in the last volume of the Transactions of the American Medical Association, the closing paragraph of which very complacently claims that the medical department of their University is admitted to be "far in advance" of other medical schools in their system of education, requisitions, &c. The only foundation we could find for this arrogant flourish was a quotation which Dr. Cabell had made from a previous report of Dr. Pitcher, of Detroit, to the effect that it was "in contemplation to adopt the same standard of qualifications, in regard to preliminary education, for admission of students to the medical as to the literary department of the University." Now, if we recollect aright, this same thing was said to be in contemplation in one of the first circulars issued in reference to the organization of that school. It is still, we presume, "in contemplation" Meanwhile the Faculty are annually admitting students without the slightest reference to preliminary qualifications of any kind. How long they will continue their "contemplations" on the subject, adroitly publishing it just before each annual meeting of the National Association, as a matter just about to assume great practical importance, we do not know. But we do know that such baseless pretensions indicate a very weak spot somewhere.

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Miscellaneous Items.

We copy secondarily the following items from the Nashville Journal of Medicine, in relation to a disease about which the profession is so much divided, viz.:

Curability of Cancer. By Prof. VELPEAU.

1 That no plausible reason has yet been given in favor of cancer being a disease primitively general.

2. That, on the contrary, one would be inclined to admit its title to being an affection primitively local.

3. That certain tumors of a benign nature appear to undergo, in some cases, a malignant transformation.

4. That the cause of benign and malignant tumors, adenoid and even cancerous, of the breast may probably be traced to a plastic, sanguineous, or secreted exudation into the tissues, either spontaneously or from external violence.

5. That the existence, or the non-existence, of the cancer cellule in tumors is not conclusive evidence that the disease will or will not return after operation.

6. That it would be consequently, imprudent to decide, from the evidence afforded by the microscope alone, whether to operate or not.

7. That observations and statistics are far from proving that the xtirpation of tumors of the breast is always followed by a return f the disease, always useless, or even hurtful.

8. Finally, that facts sufficiently numerous, and that observaons selected from my own practice, demonstrate, without the

possibility of contradiction, the existence of radical cures of cancer by the operation.—*Medico-Chirurg. Review.*

Applicability of Caustics to Cancer. By Prof. VELPEAU.

The result of my experience proves that they should not be rejected absolutely as a curative means. That they are preferable to a cutting instrument. 1st. When the cancer is ulcerated in patches, and when more widely spread than deep. 2d. When, even by the cutting instrument, there is no chance of preserving a part of the integuments attacked by the tumor. 3d. When the cancer is fungating. exactly limited, and when the patient dreads much more the knife. 4th. ulcerated scirrhuss, irregular or disseminated, can be better attacked by caustics than by operation. 5th. The same may be said of ulcerated cancer adherent to the summit of axilla under the cavicle, or in the neighborhood of bone. —*Ib.*

Congelation in Cancerous Returns. By Prof. VELPEAU.

Congelation, by means of the application of pounded ice and salt, has, according to M. Velpeau, certain advantages, which may be regarded as palliative, if not, even in some cases, a means of cure. And, although the author has little experience in its application, the effects which he has seen produced would induce him to employ the frigorific mixture before entirely rejecting it, especially as a succedanum to caustics.—*Ib.*

Fissures of the Anus.—The Boston Medical Journal gives the following as a very valuable application to relieve and sometimes cure fissures of the anus, viz.:

℞ Ext. Belladonna, iii. grs.
Ungt. Rosæ. iv. grs.

Nocturnal Seminal Emissions.—During the last two years much evidence has accumulated in the medical periodicals in favor of the efficacy of digitalis and digitaline in the treatment of involuntary seminal emissions. M. Laroche mentions a case in the Gazette Medicale of a very aggravated character which was cured by the digitaline in three weeks. The dose administered was equivalent to one grain of the pulverized leaves three times a day. We have repeatedly treated the same affections succcessfully with a mixture of equal parts of muriated tincture of iron and tincture of ergot, given in doses of thirty drops three times a day, in sweetened water.

Scrofulous Intolerance of Light.—Prof. Mauthner recommends for this troublesome affection the application to the lids of the following, viz.:

℞ Conii ½ gr.
Sweet oil, ʒi.

Mix, and apply with a hair pencil once or twice a day. We have frequently found a simple solution of morphine (4 grs. to ℥i. of water) effectual in similar cases.

University of Nashville.—Prof. J. B. Lindsley, Professor of Chemistry in the Medical Department, has recently been elected Chancellor of the University of Nashville, Tennessee.

Delegates to the American Med. Association.—Professors J. V. Z. Blaney and John Evans were appointed Delegates from Rush Medical College, and N. S. Davis from the Mercy Hospital at Chicago, to the Annual Meeting of the Association at Philadelphia on the first Tuesday in May.

"***Punch on Quackery.***"—Much amusement has been caused in hospital libraries by a witty but sensible article in ***Punch*** on the all-absorbing question of quacks and quackery. "A hand-bill has been forwarded to Mr. Punch, containing a rather choice specimen," he says, "of the lies with which the quack medicine-mongers endeavored to improve the sale of their pernicious trash. It sets forth that an Indian captain's little girl, aged eight, was in such a state of disease from dropsy, that she was given over by the doctors. Her face 'a mass of complete ulceration;' her teeth were so clenched, that her affectionate father had to wrench her mouth open with 'a wedge,' in order 'to force down a dozen pills No. 2.' The very next day she got up, dressed herself after the pills, and s 'discovered sitting on a hard form before a plate of ham and ef.' The rubbish," says Punch, "which the bill in question is tended to puff is sold (more shame to Mr. Gladstone) under a vernment stamp. Government is not ashamed, for a consideration, to lend its influence to the quack. Some evening the Government, however, will be compelled to break up its partnership. In the very handbill to which we allude, and folded round the medicine, the Indian captain is made to say, 'I attribute all my ailings, weaknesses and diseases to having been bled once, and been vaccinated.' Under the stamp of the same Government," says Punch, "which introduced the Compulsory Vaccination Act, most properly enforced under Lord Palmerston's direction, is circulating a notice that all a person's ailings, weaknesses, and diseases may be attributed to vaccination! Are the people, then, to consider the Government lancet their bane—Gladstone's pills their antidote? We do think at least one thing—they have a right to complain of what Mrs. Partington would call the vaccinating policy of the Government."

Physic and Music.—Every one knows that Æsculapius was the son of Apollo, and this relationship accounts for the frequency with which we find good physicians to be good musicians also. Our annals are rich in distinguished doctors, who have had excellent voices, or who played with skill on various instruments. Boerharve was a capital performer on the flute; and it is a curious coincidence that the late great toxicologist of France. and the eminent living toxicologist of Great Britain, should have both possessed splendid bass voices. The editor of the Union Medicale comments on the number of musical confreres he meets with in the salons of Paris (Janvier 14); and we can assure him that in Edinburgh the same thing is observable. Indeed most of our public professional dinners and entertainments would now be considered dull affairs without the songs and glees with which they are enlivened by the Medical Glee Club of this city.—*Virginia Med. & Surg. Jour.*

Cæsarian Section thrice upon the same Woman, by Dr. BARJAVEL.—In a Jewess, at Carpentras, of scrofulous habit and rachitic appearance, the child presented by the feet at her first confinement. The midwife and two surgeons who attended pulled so hard, that in their efforts at delivery they separated the child's body from the head, which remained alone in the uterus. M. Barjavel (the father of the author) found, when called to the case, the cavity of the pelvis narrowed throughout by exostosis, so that no course remained but the Cæsarian section, which he performed, as usual, in the linea alba. In forty days the wound healed. In spite of the danger to which she exposed herself, she became pregnant again in three years, when the operation was again performed, and a living child was extracted. The mother suckled it, and it is now alive. In four years more she became pregnant a third time, when a young surgeon attempted the same proceeding, but he was not equally fortunate, for the child, a female, was dead, and the mother sank in a few days from hœmorrhage.—*Rev. Ther. du Midi. Dub. Med. Press.*

Delirium Tremens. Tartar Emetic.—Dr. Peddie (Monthly Journal) discountenances the treatment by opium, and recommends, from an experience of 80 cases the use of tartar emetic, in doses of from one-quarter to one-half a grain every two hours. If the bowels are not opened by this remedy, compound jalap powder is given. The patient is not to be restrained by mechanical means, and light is freely admitted into the room as by its means optical delusions are prevented.—*Medico-Chir. Rev.*

Ovarian Dropsy. Iodine.—Dr. Simpson (Monthly Journal) refers to seven or eight cases of ovarian dropsy, in which, after tapping, tincture of iodine (two or three ounces) has been injected into the sac. In two or three cases the disease seemed arrested; but in others this was not the case. No great pain followed the injection, and no febrile symptoms, except in one case.—*Ibid.*

Gonorrhœa. Subnitrate of Bismuth.—Both in acute and chronic gonorrhœa Dr. Caby employs, three times daily, an injection, composed of water mixed with as much trisnitrate of bismuth as can be suspended. It is to be retained five minutes. It causes pain —*Ibid.*

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ORIGINAL COMMUNICATIONS.

ART. I.—*Chloroform. Its Effects, &c.* 2nd Article. By P. A. ALLAIRE, M. D.

THE use of Chloroform by inhalation was noticed at some length in a former article in the last number of this Journal, to finish the subject it remains to speak of its use by the stomach and locally.

By the Stomach, Chloroform is used chiefly as an Anodyne and anti-Spasmodic. It possesses, however, when thus given, a slightly stimulant effect, it also acts on a soporific, but this seems to be a result of its anodyne quality. Some writers have described it as producing decided sedative effects when given in this way; this in fact, seems to be the common opinion, but it is not in accordance with my experience of its influence. I believe this idea to have arisen from the fact of its being so decided a sedative when used by inhalation.

That it does not, when given by the Stomach act as a sedative, does not depress the nervous system, is well proven by the following extract from a case of Delirium Tremens described in Braithwaite's Retrospect, No. 30, page 42: "It was now four days since he had had any sleep He was so hoarse as to be unintelligible from incessant talking and vociferating; eyes congested; pupils much contracted; tongue dry, and protruded with difficulty; urine scanty; tremors of the hands and arms with subsultus tendinum. His strength was evidently failing, and he no longer struggled to leave the bed; the pulse had become smaller and more rapid. He was not sinking from want of stimulus or of nourishment for both had been given in sufficient quantity, but death was impending for want of sleep, and opium had been pushed to the uttermost. Under these most unpromising circumstances I recommended Chloroform to be given internally; a drachm was immediately given, and repeated in an hour; soon afterwards he slept for a few minutes; a third dose also containing ʒi was now given and soon he slept soundly. The next day he was free from every symptom of the disease." Here was a well marked case, where the patient was sinking from pure nervous exhaustion, and yet the medicine was given in the largest doses and at the shortest intervals, yet he did not continue to sink; on the contrary he rallied and slept. This shows an active anodyne, and mild stimulant as effects of the remedy.

The dose for an adult is from 10 drops to ʒi given every 2, 8 or 6 hours. What the effect might be on the Stomach or nervous system, if these doses were much increased has not yet been ascertained. Patients that I have given forty and fifty drop doses to, for pain of a neuralgic character, and who were free from any other nervous symptoms, have been unwilling to increase the amount in consequence of a peculiar feeling of lightness which it caused; no sleepiness was produced, but with the sensation of lightness was a calm comfortable ease. In the Stomach was a slight warmth for a short time after each dose The lesser dose does not increase the heart's action or add to the natural warmth of the skin; the larger doses however, do, but very slightly. None of the secretions are increased or diminished during its use, nor does it produce any constipating effect. It seems to be soon removed from the system by the lungs, yet the soothing influence produced by it frequently continues for some time, sleep having lasted eight or ten hours after its exhibition by the stomach in cases of Delirium Tremens. Chloroform has not been used by the stomach in the treatment of a large number of diseases; Delirium Tremens, Tetanus, Hypochondriasis, Neuralgia, some forms of Hysteria, and the Hyperhesia Cerebri present in some forms of fever are the chief, and in these it has been had resourt to rather as a last resort, and generally when all the other usual remedies had failed; yet under these most unfavorable circumstances, it has not disappointed the hopes of the practitioner, as many cases now published will testify. There would seem to me to be a larger field for the powers of this remedy, and that it ought to be placed with other anodynes and anti-spasmodics as suitable in many other forms of disease. Every practitioner knows how often he finds it necessary to exhaust the list without finding that effect from any one which is precisely suited to the condition of the case in hand. Might not Chloroform, then, in these circumstances be relied on, either alone or in combination with some other article of known powers, with Morphine, Camphor, Valerian Asafœtida, Lupulin, &c.

There is a form of nervous exhaustion seen occasionally during the progress of fevers and some other debilitating diseases, which is very distressing to the patient and alarming to his friends. The prominent symptoms are a hurried respiration, enfeebled and quickened pulse, and generally a cool and moist skin, though, this may be hot and dry in Malarious fevers. The patients are generally females and their great suffering seems to be caused by a deficient supply of oxygen to the blood, as they constantly demand fresh air and the use of the fan. The air in those cases seems to hurry in and out of the bronchi without entering and distending the air cells, in fact auscultation gives a very imperfect respiratory murmur. If this condition is not soon relieved, more or less congestion of the lungs results I have used the Chloroform in doses varying from ten to thirty drops here, with great apparent advantage, while the ordinary stimuli and anti-spasmodics seemed to have little effect, but as it was not trusted to alone its real utility cannot be settled; the patients, however, always expressed themselves as greatly relieved. Some cases of Neuralgia treated with Chloroform given inwardly may be found reported by me in this Journal about three years since, many other cases of like character have been since published The judicious physician will not be likely to make errors in giving this medicine internally if he remembers that its effects are mainly anodyne, and that its effects are most marked where the exaltation of sensibility is the greatest. The following case illustrates its benefits in that singular form of disease known as Hypochondriasis. It is extracted from a paper published by Prof. OSBORNE of Dublin, on the internal use of this agent in this class of diseases: "The third case was that of a farmer, twenty eight years of age. The angles of his mouth were drawn down, his brow generally contracted, and he appeared sometimes as if contemplating suicide, yet he stated that he was in comfortable circumstances, married and with a family. He complained of an inward sinking and sense of depression, so constant and overpowering, that for some months he could not command himself to make any exertion, and had become unable any longer to attend to his business. His bowels were usually torpid, but although he had repeatedly taken purgative medicines with effect, yet he had obtained no further benefit. A careful examination having been made without detecting any disease, he was ordered to take ten drops of chloroform thrice daily, and two asafœta pills every alternate night. At the end of about four days of gradual improvement his countenance had become placid. *He confessed that he felt much better*; and in a few days afterwards, feeling a strong desire, and also a capability of resuming his ordinary vocations, he went home." To hear a hypochondriac say he is better, is good evidence that he is improving. These cases are well known as among the most troublesome that come under the care of the physician. I have lately treated a case of nervous irritation with chloroform which illustrated its anodyne effects finely. The patient, a man about fifty-five years of age, has had for the last fifty years a splinter of wood in his right hand; about a year since a piece of the splinter was removed—a small piece still remains. When the spot where this is located becomes irritated from any cause, the whole nervous system becomes irritable, and the nervous cords of the limbs painful; are tender on pressure, especially those in the arm leading to the effected part. The nerves on the limbs on the opposite side are less tender and painful, but the point in the opposite hand which corresponds to the situation f the foreign body is quite tender. This attack had lasted sever-l weeks when first seen by me, all the symptoms gradually in-easing in severity; he had also lately had another attempt made at extraction of the foreign body, which was unsuccessful. For the last two or three days he has not slept over an hour or two—generally a short sleep of about half an hour in the night. He is much worn. Appetite fair. After giving morphine, valerain, asafœta, &c., a fair trial, I directed him to take ten drops of chloroform every three hours, and increase the dose gradually. He commenced in the morning after a sleepless night, or if there was a momentary sleep, he awoke frightened and anxious. He declared the nervous uneasiness to be indescribable. The first night after using the medicine there was not more than half an hour's good sleep, but he described his feelings as those of ease and comfort. The second day he took doses of twenty drops every three hours; and the second night after commencing the medicine he slept well—declaring that he had never before appreciated the value of sleep. From this time his recovery was steady under the use of chloroform. Sleeplessness is the great source of danger in Delirium Tremens, and in some other diseases where Hyperæsthesia is a permanent symptom; hence the necessity oftentimes of treating this symptom mainly, and the value of any remedy on which we can rely. Chloroform is most valuable in that form of delirium tremens known as sthenic in which opium is not generally admissable in large doses here; where there is active congestion of the brain, and we cannot procure sleep by the careful use of purgatives, cold to the head, and perhaps the loss of a little blood from the part we may use the chloroform with hope of a good result, as also in the asthenic form where opium has been pushed to its utmost limits as shown by a dry tongue and contracted pupils.

Chloroform may be exhited in any mucilage and forms a permanent mixture when the proportion of the medicine is not too large. The sweet taste which it gives may be covered if desired by a bitter. "Another mode of avoiding the pungency of chloroform is by giving it in combination with tinctures, as it is soluble in Alcohol and remains dissolved in proof spirit. The following is a specimen of this kind of formula, and is peculiarly grateful to the taste and susceptible of various additions and alterations according to the nature of the cases:

℞ Chloroform.
Tinct. Zinziber ace ℥.
Spt. Ammon. Aromatic ʒ.

The following I have found a good formula where a mild diffusable stimulant and anodyne effect was needed. It was to be shaken before use, as it partially separates on standing.

℞ Tinct. Opii.
Tinct. Camph. and Chloroform equal parts, mix.

These proportions may be varied to suit the case. Locally, Chloroform has been much used, either alone or as an ingredient in anodyne and stimulant embrocations. When thus applied it produces no perceptible effect on the circulation or secretions but to the skin it acts as a stimulant and rubefacient, the local anodyne effect with the stimulation of the surface is often sufficient to relieve and even entirely remove many painful local affections. The cases in which such a remedy would be likely to prove useful will suggest themselves to the practitioner.

If the vapour of Chloroform is kept in contact with any part for a certain time, it produces a decided anodyne or even local anæsthetic effect, and when this effect has subsided, the part retains all its natural powers and healthful functions. Some very interesting cases illustrating this mode of using Chloroform and describing an ingenious instrument for effecting this purpose, will be found in a paper by Dr. Hardy, and republished in Braithwaite, part 27, page 278. The cases are Cancer of Uterus, Dysmenorrhœa, Ulcerated and irritated Uterus and irritable breast.—The following case and description of the instrument are from Dr. H.'s paper:

Case 3. This woman has long suffered from Dysmenorrhœa, Leucorrhœa and excoriation of os and cervix uteri. "On the 15th September she again consulted me on account of severe lumbar and uterine pain, which on the day previous was so excruciating and accompanied with so much pain in her breast, that she thought t impossible she could have borne it. This day the pain in the reast was better, but the pain in the back and in the pubic and terine regions is as great as yesterday. The uterus was tender o the touch, but no abrasion was now discovered with the speculum. The vapour of chloroform locally applied by the anaesthetic douche had the most immediate and happy effects. In no case that I have met with did relief so soon succeed to its use.—Not more than a minute could have passed from commencing its application, when the patient expressed herself relieved from, first the lumbar pain. and next that in the pubic and uterine regions. After I had withdrawn the instrument, for some time there remained a sensation of warmth, of a very agreeable nature, and a feeling of strength was experienced in the back. Altogether, she said, for months she had not been so free from pain or so comfortable. Judging from the expression of countenance, the change so immediate from suffering to freedom of pain was most remarkable. There was no return of it until about eight o'clock in the evening, the application having been made between twelve and one o'clock; but it was then so trivial that she did not think anything of it. The next day two or three jets of the douche quite removed every trace of uneasiness."

The relief procured from the chloroform used in this way is often as permanent as by the internal use of opiates, the great advantage being in the saving of nervousness, loss of appetite, constipations, &c., which follows their use in many constitutions. The apparatus by which chloroform in vapour is applied is so simple, that with ordinary ingenuity any practitioner may make one for his own use: "It consists in a small metallic box or chamber; this holds the sponge which is to contain the chloroform; this box may be made of tin with a lid to shut tight, for removing the sponge when needed; there must also be in the box two openings opposite each other; to one of which is attached a gum elastic bottle with a valve admitting air, to the other a pipe of such size and length as is necessary to carry the vapour to the part. By pressing the elastic bag, the air is forced through the sponge and out of the pipe charged with vapour." The vapour may be kept in contact with flat surfaces by confining it under a piece of oiled silk or paper; and in cavities by closing the orifice around the pipe.

The minor operations may many of them be rendered painless by the local application of chloroform vapour; a common method of using it for this purpose is to cover the part with lint or cotton saturated with chloroform, and then force a current of air through the lint on the part to be rendered insensible; this means is imperfect, requiring often much time and frequent renewing of the chloroform. In using chloroform topically we should always endeavor to make the application to the seat of disease, though frequently embrocations or liniments will afford much relief to parts which are suffering from sympathy. In neuralgic pain of small extent pure chloroform applied with a cloth and pressed on the part, is very efficacious. The numerous painful afflictions in which it may be applied with benefit I need not here enumerate. It may, however, be useful to append a few formula for embrocations, liniments, &c.

℞ Chloroform.
Gum Camph., equal parts, make a solution.

This is one of the best of "toothache drops," and is often used without the camphor.

℞ Chloroform.
Ol. Olive.
Ol. Terebinth., equal parts, mix.

Used as a stimulating liniment. If applied with heat it is very active; a hot cloth saturated with it should be laid on the part when a visicatory effect is desired. All liniments made with chloroform should contain a fixed oil to prevent its too speedy evaporation.

℞ Chloroform ʒij
Pulv. Gum Camph., ʒj.
Extr. Belladonnæ ʒj.
Ungt. Simp. ℥j.

Rub the ointment and extract together, then add the camphor and lastly the chloroform. This preparation makes a very useful anodyne embrocation.

℞ Chloroform.
Olive Oil.
Lime Water, mix equal parts.

Much superior to the common preparation of lime water and et oil as an application to superficial burns.

AURORA, Ill., April, 1855.

ARTICLE II.—*A Case of Strangulation of the posterior lip of the Os Tincæ, within the superior aperture of the Pessary.* BY C. GOODBRAKE, M. D., Clinton, Ill.

EDITORS OF THE JOURNAL:—The use of pessaries of all sorts of material, and of almost every imaginable form and size, has become so fashionable, that a description of the following case may not prove entirely uninteresting to the readers of the Journal:

About two years since I was called to see a Mrs. B., in consultation with my friend, Dr. Warner, and upon arriving at the bedside, we received from the lady the following history of her case:

She informed us that she had suffered from ill health for some time, and that about five months previous to our visit, she had consulted a doctor, who informed her that she had prolapsus uteri, and that he could cure her without any difficulty by introducing an instrument into the vagina. The woman anxious to get well of course submitted to the introduction, and nothing more was done for the space of *five* months At the end of this time she requestthe doctor to remove it. as she did not receive any benefit, but on the contrary, suffered a great deal of inconvenience from its use. The doctor then endeavored to remove it, but found to his utter astonishment that he was unable (as the woman said) to budge it. The doctor made several efforts from day to day, to remove it, but without success. He then informed the woman that she would have to make herself content, until such time as he could procure a speculum, for the purpose of *seeing into* the nature of the difficulty.

But in the mean time, the lady (as well as her husband) becoming very anxious to have the artificial obstruction removed if possible, Dr. Warner and myself were called in.

Upon examination we found the instrument in question to be a hollow glass pessary, in the form of a flattened globe, with an aperture through its shorter axis. Also that the posterior lip of the os tincæ, had from some cause or other descended into the superior opening of the pessary, and had become strangulated. The pessary could very easily be made to rotate upon the neck of the strangulated portion, but all our efforts to remove it proved unuccessful.

At length, after trying every other method we could think of, without success, I hit upon the following plan: I introduced two fingers over the pessary, one finger on either side of the strangulated portion, and pressed very gently but steadily downwards, and in the course of a few minutes, I was enabled, without much pain to the patient, to bring the pessary without the os externum. (I may as well state here that the strangulated portion inside the pessary, had enlarged to the size of a small hickory nut, and that the balance of the pessary was filled up with a thick, dark and very offensive fluid.)

I next procured a piece of soft buckskin, and cut a longitudinal slit in it,—similar to a retractor,—I placed this between the vulva of the patient and the pessary, so as completely to protect the external organs of generation, and also to prevent any of the glass from being drawn into the vagina. I then held a piece of metal beneath the pessary, and struck it a blow with a hammer, which broke it to pieces and allowed the womb to return to its proper position; and the patient was relieved from her very disagreeable condition. By remaining in the recumbent position, and using proper applications,—by means of the female syringe—for about a week, the lady got along without any further trouble.

One object in writing this article, was to caution the profession against the use of the peculiar kind of pessary, a description of which has already been given; as the case proves that disagreeable consequences may follow. And I would here say, that in my opinion the indiscriminate use of the pessary, is a very injurious and highly reprehensible practice; and that leaving them in *situ* for months ought not to be thought of. Indeed I am free to say, that so far as my experience and observation extend, cases are very rare where the use of the pessary is followed by any permanent benefit to the patient; but on the contrary,—taking the anatomy of the parts, as well as the causes and nature of prolapsus uteri into consideration, the introduction of a foreign body into the vagina, for the the purpose of keeping the uterus in its proper position, is, in nine cases out of ten, followed by more disappointments than good results.

ARTICLE III — *Cured by Extracting a Tooth.* By C. A. HATHWELL, M. D , of Virginia, Cass Co., Ill.

In a number of the N. W Medical and Surgical Journal published some time back, I remember reading an article entitled "Cured by the Kick of a Horse." This instance of Horse Surgery prompted me to report the following case under the heading I have given it. It may not be wholly new, but I think it is somewhat of a novel case, and perhaps not altogether undeserving of a passing notice.

Sept. 14, 1854.—Was called to visit Miss S. D., residing in Clary's Grove, Menard Co. To use a legal phrase, she was a *spinster*, about 38 years of age. I found the following symptoms: High fever, redness of the face, throbbing of the temporals, pains in the back and extremities, cephalalgia, great anxiety and restlessness, skin dry, excessive thirst, tongue furred, breath hot and offensive, pulse full and voluminous, anorexia, bowels costive, urine scant but high colored and turbid, lips dry and parched. I also observed the left side of her face considerably swollen. In reply to the customary interrogatories of a physician to his patient, I received the ensuing history of the case, mainly from the lady's brother, Mr D., in whose house she resided. He said she was plagued with the toothache very much,—that this was the third time she had been *attackted* in a similar manner. In a day or two after extreme suffering she would have a severe chill, then fever and the train of symptoms I have above related and the toothache would then subside. Upon receiving this information I proceeded to examine the lady's mouth (not though as we do a horse to see how old she was), but with a different intent. She opened her mouth with much difficulty, as the elevators were so contracted as to almost prohibit speaking to me. I discovered however the second inferior molar of the left side on its anterior surface perfectly decayed and gone below the alveolar, I told her she had better let me endeavor to extract the diseased tooth for her, as probably that was the source of her swelled face. Her reply was, that the former family physician, Dr. —— had considerable difficulty in drawing a tooth several months previous, and had informed her "that all her teeth would pull remarkably hard." Now I did not possess audacity sufficient to differ in opinion with a practitioner of such vast sagacity and profound judgment, so I urged her no further, but proceeded to prescribe.

Every physician is aware that several diseases are ushered in by similar symptoms to those I have given; but taking into consideration the periodical nature of the case, the mode of attack, coming on every other day with chills, etc., I considered it a case of Intermittent Fever, and gave—

℞ Hyd. Prot. Chlo., ℈jss.
Pulv. Doveri, gr. xv.

M. ft. in chart No. iii., one to be given every three hours, and afterwards the bowels to be freely evacuated with senna tea, hops stewed in vinegar applied warm to her swelled face, and diluent drinks.

Sept. 15.—Called again, her bowels had been sufficiently moved, no fever, swelling of the face diminished, etc. Seeing her in a condition for the exhibition of quinine, I prescribed that article, to be administered at appropriate intervals. I again asked the lady if I should then relieve her of her troublesome companion (the tooth), but permission was not granted, for "as long as it didn't ache, it could do no good to pull it." I then took my departure with the passing observation that I did not think there would be any necessity of my calling on her the next day.

Sept. 28.—Two weeks from the above date, a messenger called at my office and requested me to visit Miss D., "as she was down again. I obeyed, and on approaching the bedside and examining the case, I found her in the same situation, or nearly so, as when I had first seen her,—fever, face swollen, etc. She remarked she was glad to see me, and wished I would cure her up again. I was now thoroughly persuaded her decayed tooth was the primary cause of disease, and that her fever, etc., was exclusively symptomatic, so requested her to allow me to extract it. She consented, with the proviso that I would place her under the influence of chloroform. To this I made an objection, principally however because I did not happen to have any along with me; so she would not listen to having it pulled. Finding the previous treatment entirely successful, I repeated it, gave her two visits and discharg- the case.

October 17.—Two weeks and four days from the last date, in the night, whilst I was comfortably enjoying myself in the arms of Morpheus, I was suddenly roused by a visit from the lady's brother, Mr. D.. who thus classically expressed himself: "Doctor, I want you to come to our house right away, and jerk that cussed tooth out of Sarah's head. It has been aching again for two or three days, but it has stopped now and she is down sick again, jist like you seed her before: never mind what she says, but come at once and out with it." His tone and countenance convinced me that he was resolute, and it would be in vain for me to solicit him to wait till morning. so off we rode upon our way rejoicing.

As I expected, my patient was in bed, and as I had before noticed her, nervous and irritable, respiration difficult and hurried, fever high, pulse rapid, etc. She stated that, as soon as her tooth ceased aching, her general health suffered, and she was resolved to have it out at last, as she was perfectly satisfied it was the sole origin of all her trouble and distress. I promptly removed it, and cannot truthfully say, with my keen professional brother, that it "pulled so remarkably hard" as he had so sagaciously predicted. It is unnecessary to record her expressions of thankfulness after I had *jerked it out*. The roots of the tooth were materially absorbed, suppuration had commenced, as a little pus was discharged from the cavity. As her bowels were constipated, I left her some purgative pills, a few seidlitz powders, and directed her to take quinine during Apyrexia, and remarked I was now in hopes she would have no occasion to send for me again, and then very willingly made my exit.

In February last I was summoned to attend a patient in the same neighborhood, and through motives of curiosity I made a casual call upon my inveterate tooth case. I found her (as she said) enjoying better health than for some years antecedent to the pulling of the tooth, had never any unpleasant symptoms since my departure, and only wished her and her former enemy had parted company long before they did.

Such is the history of a rather uncommon case. I have been minute in its details, and, the reader may imagine, too prolix; but I could not condense it satisfactorily and present it as it actually occurred. Taking into consideration its periodical nature, its deceptive tendency, and concomitant circumstances. I deem it worthy of record, and may perhaps, like a beacon to the mariner, prove a guide to another practitioner, and enable him to afford relief to some unfortunate sufferer. I am not aware that I can christen it with a more approprate *soubriquet* than "Cured by extracting a tooth."

EDITORIAL.

American Medical Association:

FIRST DAY.

This Association commenced its Eighth Annual Session May 1st, at 11 A. M, in the Musical Fund Hall. The spacious saloon was divided into two parts by a railing; one apartment being exclusively appropriated to the delegates, and the other part to spectators; the reporters of the press being amply provided for.

We observed in the reception room in the basement story, a block of marble, designed for the Washington National Monument.—The block is finished in a chaste and beautiful style, and bears the following inscription:

"AMERICAN MEDICAL ASSOCIATION.
INSTITUTED MDCCCXLVII.
VINCIT AMOR PATRIAE.

On the face of the stone, cut in alto-relievo, is a well executed representation of Hypocrates, the father of Medicine, refusing a bribe tendered him by Artexerxes King of Persia. There are no ss than eleven figures in the group. The stone is four feet long, feet thick and one foot eight inches high, and the workman- p a handsome specimen of American sculpture. The work was rformed by J. A. Beck, a young man, who has since proceeded Rome, to cultivate his talent as a sculptor.

At half-past eleven o'clock, the Association was called to order by the President, Dr. CHARLES A POPE, of St. Louis, who, on taking the Chair, invited the Ex-President and Ex-Vice Presidents of the Association to take seats on the platform.

Dr. Francis West, of Philadelphia, and Dr. E. S. Lemoine, of St. Louis, officiated as Secretaries.

Dr. Isaac Hays, from the Committee of Arrangements, stated that on behalf of the Medical profession of Philadelphia, he gave a warm and cordial reception to the delegates assembled. The Committee have done their best to make the delegates as comfortable as possible, during their sojourn in the city. To do so, is not only a gratification, but a duty. Eight years have elapsed since the organization of this Association, and we well know, that our delegates have been received in different parts of our country during that period of time, with generous hospitality. We beg leave to assure the delegates in attendance, that it is our most earnest desire to do everything in our power to return the compliment to the assembled wisdom of the Medical profession.

On motion of Dr. Hays, the roll was called by Dr. F. West.—The following is a full list of the delegates:—

MAINE.

Maine Medical Association—A. J. Fuller, G. S. Palmer, Alpheus F. Page, N. P. Monroe, Jas. C. Weston, Nathan Emerson.

Penobscot Medical Society—Horatio N. Page, J. P. Dickinson.

NEW HAMPSHIRE.

New Hampshire Medical Society—Silas Cummings, Thos H. Marshall.

Strafford District Medical Society—David T. Parker.

VERMONT.

Vermont Medical College—George T. Elliott.

Grafton District Medical Society—Israel Hinchley.

MASSACHUSETTS.

Massachusetts Medical Society—Henry Willard, W. M. Cornell, E. P. Eastman, Alex. Thompson, Geo. Hayward, Winslow Lewis, Jeremy Stimson, Martin Root, Anson Hooker, Jonathan W. Bennis. Horace Richardson, Ephraim Buck, Benj. E. Cotton, C. P. Fiske, W. H. Page, Edward B. Moore, Jasper H. York, A. Le Baron Monroe, Gilman Kimball, S. G. Burnap, John Geo. Metcalf, Robert T. Davis, Augustine Shurtleff, James Farnum, Benj. Cox, Jr., John Homans.

Middlesex County District Medical Society—Anson P. Hooker.

Thurber Medical Association—Ambrose Eames, Allen C. Fay.

Boston Medical Association—E D. G. Palmer, S. L. Sprague.

Boston Society for Medical Observation—Calvin Ellis, J. N. Borland.

Medical Department Harvard University—D. H. Storer, Ed. H. Clarke.

Permanent Member—Jno. Green.

RHODE ISLAND.

Permanent Member—Usher Parson, Providence.

Rhode Island Medical Society—Joseph Maurau, Ariel Ballou, Jas. H. Eldridge.

CONNECTICUT.

New Haven county Medical Society P. Jewett, Geo. C. Buddington, A. B. Ives, H. W. E. Matthews, Reynolds Webb, Leonard J. Sanford, John Nicoll.

Litchfield county Medical Society—J. G. Beckwith, Samuel T. Salisbury, James Welsh.

Fairfield county Medical Society—S. S. Noyes.

Medical Institute, Yale College—Chas. Hooker, Jonathan Knight.

Connecticut State Hospital—E. II. Bishop.

New London county Medical Society—Ashbel Woodward,John D. Ford

Windham county Medical Society—Lewis Williams.

Tolland county Medical Society—Francis L. Dickinson, Alden Skinner. Permanent Member—Reynolds Webb.

NEW YORK.

Medical Society of Erie Co.—Jas. M. Newman.

New York County Medical Society.—Isaac Wood, D. Meridith Reese, Alfred C. Post.

Herkimer County Medical Society.—Wm. H. H. Parkurst, A. F. Dolittle.

Binghamton Academy of Medicine.—George S. Little.

Madison County Medical Society.—A. D. Saunders.

Academy of Medicine.—F. Campbell Stewart, David Greene, Jno W. Corson, W. Rockwell, Jr., Foster Jenkins.

Medical Association of Southern and Central New York—Jno. Gay Orten, R. O. Crandall.

New York Medical College.—B. Fardyce Barker, Horace Green.

Buffalo Medical Association—Charles H. Wilcox, Frank H. milton.

New York State Emigrant Hospital—Thomas Addis Emmet, nest Schilling.

Society of German Physicians—Ernest Krackowizer, Theo. A. Tellkampt.

Onedia county Medical Society—Jno. McCall, N. A. Dering.

Monroe county Medical Society—Jno. Reed.

New York Hospital—John Watson. Joseph M. Smith.

Richmond county Medical Society—W. C. Anderson.

New York State Medical Society—E. W. Armstrong.

Broom county Medical Society—Thomas Jackson.

New York Pathological Institute—T C. Fennell.

Permanent members—Caleb Budlong. Henry S. West, E. H. Davis A. Baker, Jr., H. M. Eastman.

PENNSYLVANIA.

Philadelphia College of Physicians—Isaac Hays, G. B. Wood, R. A. Given, Ed. Hartshorne, J. B. Biddle, Francis West, Franklin Bache, Jno. Neill, Fras. G. Smith, Jr., Jas. Carson, Paul Beck Goddard, Jos. Carson, J. Rodman Paul.

Pennsylvania State Medical Society—Charles Innes, Henry Carpenter, G. Emerson, David O. Moser, Jno. A. Martin, Robert K. Smith.

University of Pennsylvania—Hugh L. Hodge, Samuel Jackson.

Jefferson Medical College—Joseph Pancoast, Charles D. Meigs.

Pennsylvania Medical College—David Gilbert. J. M. Allen.

Philadelphia College of Medicine—Isaac A. Pennypacker, Henry Hartshorne.

Pennsylvania Hospital—George W. Norris

Wills' Hospital—S. Littell.

St Joseph's Hospital—Alfred Stille.

Episcopal Hospital—John J. Reese.

Philadelphia Hospital, Blockley—J. L. Ludlow, Henry H. Smith.

Philadelphia county Medical Society—Robert P. Thomas, Samuel L. Hollingsworth, William V. Keating, Caspar Wistar, Benjamin S. Janney, Thomas H. Yardley, D. Francis Condie, D. Paul Lajus, Wilson Jewell. John Bell, Thomas F. Betton, Sam'l Jackson, William Byrd Page, Samuel Lewis, Anthony E. Stocker, Wm. H. Klapp, Ellwood Wilson, John Corney, James V. Emlon, Arnold Naudain.

Northern Medical Association—Levi Curtis, William Maybury, R. H. Townsend, N. L. Hatfield, J Henry Swaltz.

Western Clinical Infirmary—Thos. Howsen Bache.

Philadelphia Dispensary—James M. Corse.

Chester county Medical Society—M. Emanuel, C. J. Morton.

Lancaster city and county Medical Society—J. B. Stubbs, P. Cassidy, J. K. Rand, Thomas Ellmaker, Robert Duncan.

Lancaster county Hospital—John L. Atlee.

Huntingdon county Medical Society—J. M. Gemmell.

Medical Society of city of Reading and county of Berks—Frank M. Heister, P. G. Bertolet, William Gies. Edward Wallace.

Bucks County Medical Society—John Dyer.

Moyamensing House of Industry—Jacob Da Costa.

Lehigh Medical County Society—Charles H. Martin.

Montgomery County Medical Association—Hiram Corson, C. Shoemaker, John L Foulke.

Blair county medical society—Wm. R. Finlay.

Mifflin county medical society—Abram Rothnock. Permanent members—Henry Bond, Geo. J. Ziegler—Rene La Roche, B. Horner Coates, Winthrop Sargent.

Parisian medical society—Walter F. Atlee.

NEW JERSEY.

Camden county medical society—A. D. Woodruff.

Camden city medical society Thos. F. Cullen.

Cumberland county medical society—Isaac H. Hampton.

New Jersey state medical association—R. M. Cooper, Lewis Condict.

Burlington county medical society—Henry H. Longstroth, Geo. Godell, J. P. Coleman.

Hudson county medical society—Charles Cook, John Thompson.

Sussex county district medical society—A. D. Marford, John R. Stuart.

Gloucester county medical society John R. Sickler.

Permanent members—G. H Taylor, Wm. Elmer, S. W. Butler.

DELAWARE.

Delaware state medical society—Robert H. Clarke, Henry F. Asker, John Merritt, Gove Saulsbury.

New Castle county medical society—Jas. Couper, J. W. Thompson.

Willmington medical association—Wm. R. Bullock, James F. Wilson.

Permanent member—L. P. Bush.

MARYLAND.

Baltimore Infirmary—Richard H. Thomas.

Medical and chirurgical faculty of Maryland—Peregrine Wroth Joel Hopkins, Samuel P. Smith, A. M. White, Washington Duvall, Chas Macgill.

Medical and surgical society of Baltimore—A Snowden Piggott, Wm. H Baltzell.

St. Mary's county medical association—Thomas Matthews.

University of Maryland—George M. Miltenberger.

Talbot county medical society—J. E. M. Chamberlain, Thomas W. Martin, Edw. M. Hardcastle.

DISTRICT OF COLUMBIA.

National medical college—Lewis H. Steiner, Thomas Miller.

Washington city Infirmary and Hospital—B. Johnson Hellen.

Medical Society of District of Columbia—Grafton Tyler, Alex. J. Simmis, Jno. C. Riley, Harvey Lindsley, Jas. C. Hall, C. Bayle, G. M. Dove.

VIRGINIA.

State medical society of Va—Perterfield Trent, J. Lewis Dorset.

Medical college of Va—Charles Bell Gibson, B. R. Wellford.

Winchester medical college—Alfred B. Tucker, Hugh McGuire.

Prince Edward county medical society—James Lyle.

Medical Department University of Virginia—J. L. Cabell, B. W. Allen.

Petersburg medical faculty—James W. Smith, J. F. Feebles, Pitman C. Spencer.

SOUTH CAROLINA.

South Carolina Medical Association—T. T. Robertson, J. F. M. Geddings, N. H. Gibbes, W W. Mobley, R. F. Michel, John L. Dawson, R S. Bailey. C. Happoldt.

Medical College of the state of South Carolina—Thomas G. Prioleau, Henry R Frost.

Columbia Medical Society—Samuel Fair.

Charleston Medical Institute—F. M. Robertson.

GEORGIA.

Savannah Medical College– Richard D. Arnold.

ALABAMA.

Alabama State Medical Association---William M. Bolling, P. H. Cabell.

TENNESSEE.

Permanent Member---Frank A. Ramsay.

Tennessee state Medical society—R. C. Foster.

University of Nashville---J. Berrien Lindsley.

KENTUCKY.

Covington medical society---C. J. Blackburne.

Louisville marine hospital---J. C. Johnston.

University of Louisville---T. G. Richardson.

Kentucky state medical society---David Thompson, J. T. Bradford.

Kentucky school of medicine---Joshua B. Flint, A. B. Cook.

OHIO.

Ohio state medical society---Levi D. Scheetz, Isaac C. Wil-

liams, R. Hills. R. B. Leonard, J. F. Potter, Ephraim Gaston R. R. McMeens.

Belmont county medical society---Ephraim Gaston, J. D. Cotton, Abel Cary, A. Dunlap.

Miami medical college---R. D. Mussey.

Erie county medical association---Daniel Tilden.

Clinton county medical society---T. W. McArthur.

Medico-Chirurgical society of Cincinnati---Alexander M. Johnston, Wm. Clendennin.

INDIANA.

Union medical society, Northern Indiana---M. M. Latta.

Indiana state medical society---Joel Pennington, Thos. W. Florer, E. Murphy.

Kosciusko county medical society---William E Sarber.

ILLINOIS.

Rush medical society---N. S. Davis.

Cook county medical society---J. W. Freer.

Lasalle county medical society---Joseph Stout.

Illinois state medical society---Daniel Brainard, A. H. Luce, S. W. Noble, Rudolphus Rouse.

MISSOURI.

St. Louis medical association---Chas. A Pope.

St, Louis medical society---L. P. Perry, T. E. Massey, E. S. Lemoine.

IOWA.

Medical department Iowa University---J. E. Sandborn.

WISCONSIN.

Alfred L. Castleman, J. J. Brown.

Milwaukee medical association---J. B. Dousman.

MICHIGAN.

N: B. Stebbins, H. Taylor, J. H. Beech.

Detroit medical society---Wm. Brodie, Zina Pitcher.

University of Michigan---A. B. Palmer.

UNITED STATES NAVY.

T. Dillard, Jas. M. Greene, Samuel Barrington.

On motion, the President of the Association was invited to deliver an address. He spoke as follows:

Gentlemen:—With feelings of grateful pleasure, I meet you, and greet you, on this occasion.

For high and useful purposes have we assembled from the wide extent of our beloved country. The elevation of a noble profession—the promotion of science—the good of humanity—these have been, are, and will continue to be, the objects of our Association. Whether we have, thus far, done much or little, our sole aim has been the advancement of the best interests of ourfellow-men. I shall not assert that we have done as much as we might have done or that the course hitherto pursued by us, is so perfect, as to admit of no improvement. Were such the fact, and were the Association a firmly established institution, I might have experienced more hesitatton in the selection of a theme for the present occasion. And since we cannot, as yet, I think, urge such a claim, the few suggestions which I shall offer, are made with becoming diffidence, but at the same time with a deep sense of their importance to the welfare and perpetuity of our Association.

Some strictures on our proceedings, in Medical and other journals, have appeared within the last year, as well as in previous years. I shall not here blame the authors of them. They are, doubtless, as proud of our noble profession as we, and equally with us, anxious for the advancement of its interests and its honor. I thank them for their suggestions. All of us are ready to hear them and to profit by them. If any more actual mode of arriving at truth can be devised, than that which we have heretofore pursued, all of us are ready to follow it, and would rather thank than quarrel with those who may propose it.

Physicians have an almost superhuman mission to fulfil. The goal of their ambition, and their hopes, and their duty, stands at the *ultima thule* of human capacity—nay rather beyond it. It cannot, indeed, be said that their duties are beyond their powers, but their ambition, their hopes, their wishes, certainly are. They would gladly know, not only all the secrets of organization, but those also of Physiology, Pathology and Therapeutics. To arrive at such knowledge is, perhaps, beyond the attainment of the human mind. Multiform are the elements which enter into the problem of health and disease. Health is, itself, a constant change of composition—diseases are ever-varying changes, supervening on this.

Do we not know, with all our advancement, and after all the toil of our predecessors for two thousand years, the exact changes in which any disease, the fevers for instance, consists ? And even when we shall have learned these, so as to understand them as well as the most ordinary chemical changes, the ever varying character of most diseases. and the inward distributing influences upon them of the mental and moral emotions, would require to follow them, a continued stretch and power of intellect, which it is doubtful if man be capable. This exactness of knowledge is not, I grant, necessary to the very successful practice of medicine. Our profession can render great and important services to man without it, but with it, it would be still more serviceable. To it our ambition tends. To this perfect knowledge we aspire. Athough we may never reach, we can yet eternally approach it. In the vast region of our researches, there is no probability that human genius will ever, Alexander like, weep for the want of unconquered provinces. Beyond the conquests of the future heroes of the profession, there will always be a boundless field for the ambitious and philanthropic explorer. In the language of a western student, "the science of Medicine, like the liver of Prometheus, is sufficient to glut the eagles of all time."

The object of this Association is to do something to advance the profession towards the far-distant goal of perfection—to aid the solution of some of the problems and enigmas of life and organization—to add some material to the growing temple, whose foundations were so firmly laid by the Coan sage—and to do its part, as best it may, in the cause of humanity. Nor do I think that so far, it has altogether failed. Many valuable contributions to science have been elicited—professional ambition has been stimulated—an *esprit-de-corps* has been successfully evoked and established. The strength of the profession has acquired additional power by the union of its members. This association has been to physicians, what the railroad and electric wires are to commerce, and the interchange of useful knowledge to states and nations. It has made us one, and, as I have just remarked, in unity there is power. This association has stimulated thought. Chaotic and void would forever remain the masses of facts, accumulated by the observations
ges, but for the co-ordinating and logical power of reason. It
n judgment on the silent phenomena, as a "refiner of fire,
a purifier of silver." It forces the voiceless facts to mount

the tripod of the oracle, and speak forth words of wisdom. The scalpel, the crucible, the microscope, may be subsidiary to its purpurposes and ends, but they cannot supply its place. Fixed and patient thought, in medicine, as in other departments of science, is the Aladdin's lamp that lights the footsteps of the discoverer. To stimulate attention and thought, is to accelerate many a new discovery—to hasten the advent and establishment of important principles yet in the womb of the future. May not our Association do this more effectually than it has hitherto done?

Let all the contributions be read and attentively considered. Such a course would certainly be more encouraging, as well as more respectful, to their authors. Let the reports be deliberately and fully discussed, and let them go forth to the world with the sanction or the criticisms of the Association. This would require time, it is true, but if we have time to meet at all, surely a few days would make but little difference. The good that would be effected would yield a ten-fold compensation for the time employed. Every one must admit that three or four days is too short a time for the Association rightly to fulfil its annual mission.

I would, moreover, respectfully suggest that time be taken for the discussion of some of the leading topics of medical philosophy. Amongst these, may be mentioned the nature, causes and treatment of cholera, yellow fever, *et cetera*—Hygiene, and the laws of health affecting masses of men—Quarantine—the causes of mortality among children - the chemical and vital doctrines of life. Questions like these, indicated a year in advance for discussion, would excite a carefulness of investigation, and a degree of attention and thought which could not fail to clear away much of the darkness and doubt in which they are yet shrouded. Nothing so sharpens the intellectual powers as public debate. It fixes attention, and strains to the utmost every faculty. I have no hesitation in saying that facts enough have been accumulated to establish great and general principles, of which the medical world is yet in ignorance or doubt. Nothing would contribute more to demonstrate these principles than the collision of natural intellects in public debate. What a mass of facts, and argument, and demonstration would be brought to bear on any of the subjects alluded to, if some of the best minds in the profession were to debate them, after a year's preparation! Observed facts are the crude materials of science—the intellect is the master builder of its august temple.

I make these suggestions for your consideration. All the scientific meetings in this country and in Europe, employ more time than ours has hitherto employed. Eventually we must protract our sessions, if we would render them serviceable to science as they may be. No member of the association will be required to remain longer than suits his wishes or convenience. Some fifty or sixty, more or less, would always be found to listen with eagerness to scientific papers, and engage with pleasure in scientific discussion.

The time has probably arrived, for a change in our plan of organization, which will admit of the selection of a permanent place for the future meetings of the Association. There are evident advantages incident to both the migratory and stationary plans. These might, perhaps, be easily reconciled and secured. A proposition, if I mistake not, was made some years ago, by the Smithsonian Institution, and I would respectfully suggest, whether it would not be in accordance with the best interests of the Association, to hold biennial meetings in Washington, and the alternate one, as now, at different points of our common country. We might thus secure all the advantages of a fixed abode, in the way of preserving the archives, making collections, etc., whilst by meeting in different localities, we could not fail to excite that wide-spread interest among the profession, and obtain such accessions of new members as would greatly enhance the high and useful objects of our Association. Should this proposal meet with your approbation, I would further intimate that policy would perhaps require the meetings of the Association at the National Capital to be held in the years of the short sessions of Congress.

I shall say but little of the legislative duties of the Association. I shall say nothing of the propriety or impropriety of get-
laws passed to regulate the practice of medicine, and furnish
lards for candidates for the Doctorate. Perhaps the Associa-
can do but little in this respect. Ours is a popular govern-
, and the people are disposed to allow the largest freedom in

relation to everything pertaining to medicine, medical schools, and physicians. Laws passed against quackery one year are revoked the next. Our country is the paradise of quacks. All good things have their attendant evils, and this unbridled liberty is one of the evils of a popular government. May we not hope however that even this evil may disappear, as general education and the cultivation of the masses advance? At any rate the people are not yet disposed to put down the quacks, nor to require too high a degree of qualification for those of the regular profession. After all, laws can make only mediocre physicians. They can require the candidates to know only so much—to be qualified to a certain degree; and this degree will always be far lower than that to which the true lovers of knowledge would attain, without any legislation on the subject. The greater lights of the profession cannot be manufactured after any system of legislative enactment. Thirst of knowledge, self-love, philanthropy, burning ambition---these make the great physician and surgeon. These have made all the worthies of the past---not legislation. Legislation cannot drive the drone to the proud heights of professional eminence. When these heights are reached, it will be seen that the successful aspirant has been stimulated by a stronger power.

To him the laurel blossoms of renown and the life-giving missions of his art are dearer and more attractive than was the mystic bough of the sibyl to the eager Æneasor; than the golden apples guarded by sleepless dragons, to the Hesperean daughters.

Whatever course you may think proper to pursue, I am sure that your objects will be, the advancement of science, the good of mankind, the honor and glory of the profession. We have the dignity and character of a noble calling to sustain—of a profession which has numbered, for two thousand years and more, some of the wisest and best men in all countries and all times. It is no trivial matter, to sustain the rank and respectability of a vocation which can boast of a Hippocrates---a Harvey---a Huntor---of the most erudite and beneficent sages and philanthropists the world ever saw---of a profession which has furnished to every nation its *clarem et venerabile nomen.*

On the eve of the battle of the pyramids, Napoleon exclaimed, Soldiers! from the height of yon monuments forty centuries look down upon you. Gentlemen, from the heights of past ages, countless worthies of onr God-like profession point and beckon to a goal more elevated than that which atracts legislators and conquerors, Solons and Cesars.

Dr. N. S. Davis, Vice-president, was called to the chair.

On motion of Dr. J. B. Biddle, a vote of thanks was passed for the able and eloquent address of the President.

Dr. Hays, from the Committee of Arrangements, recommended that the time be fixed for the sessions of the Association, from 9 o'clock A.M., to 3 P.M.. with one hour recess. The report was adopted.

Dr. Hays also reported that the delegates are invited to visit the Pennsylvania Hospital for the Insane, and that omnibuses would be ready at a quarter past 4 o'clock precisely, in front of the Musical Fund Hall, the Girard House, and the La Pierre House.

On motion, a recess of five minutes was taken, for the purpose of nominating a committee on Permanent Organization.

At this period the scene became quite animated, the delegates from the several States assembling in different parts of the room, to make their respective nominations.

VISITATIONS.

At noon of this day, the delegates will visit Independence Hall where they will be received by the Hon. R. T. Conrad. At 4 o'clock this afternoon, they will visit Fairmont and the Girard College. To-morrow afternoon, the Philadelphia Hospital at Blockley.

Friday the Asylum for the blind.

During the session, the delegates will also visit the University of Pennsylvania, and other medical institutions, notable places, &c.

Dr. Francis Condie moved that all permanent members who did not pay their annual dues of membership in the proper time, in consequence of a want of notification, but who have since paid, be re-admitted as permanent members of the association.

After a brief discussion, Dr. Watson moved an amendment, that no permanent member of this association can be deprived of his privileges on account of failing to contribute any funds at any meeting at which he is not in attendance.

Dr. White moved to refer the whole subject to a committee of hree, to report, &c. Adopted.

The President appointed Dr. White of Buffalo, Dr. Watson of New York and Dr. D. F. Condie of Philadelphia.

The delegates from the several states reported the following names as the committee on nominations.

Maine, A. J. Fuller; New Hampshire, Silas Cummings; Vermont, Israel Hinckley; Massachusetts, C. P. Fiske; Rhode Island, Joseph Mauran; Connecticut, P. A. Jewett; New York, John McCall; Pennsylvania, J. B. Biddle; New Jersey, Lewis Condict; Delaware, James W. Thompson; Maryland, Chas. McGill; District of Columbia, Thomas Miller; Virginia, B. R. Willford; North Carolina, O. F. Manson; South Carolina, P. C. Gaillard; Georgia, Richard D. Arnold; Alabama, P. H. Cabell; Tennessee, J. Berrien Lindsley; Kentucky, C. J. Blackburne; Ohio, R. S. Hills; Indiana, Joel Pennington; Illinois, J. V. Z. Blaney; Michigan, A. B. Palmer; Mississippi, L. P. Perry; Iowa, J. E. Sanborn; Wisconsin, J. B. Dousman.

Dr. Stewart, of New York, offered a resolution providing that the nominating committee be instructed to present the names of three members for the office of President, to be elected by ballot, the lowest candidate to be dropped.

Dr. Arnold moved to amend by adding the words, providing that no one has a majority.

Dr. Stewart accepted the amendment.

After a brief discussion the subject was laid on the table.

A motion was now made that the nomination committee be requested to meet down stairs in the refresment room. Adopted.

It was moved and adopted that the committee be instructed to recommend a place of meeting for the next annual convention.

Dr. Pitcher, of Detroit, presented a communication from the faculty of that place, asking that the next meeting of the association be held there. Referred to committee on nomination.

Invitations to meet at Chicago and Nashville, and so much of the address of the President as relates to the places of next meeting, were also referred to the nominating committee.

Dr. D. D Thompson, of Kentucky, moved that the regular order of business be suspended for the purpose of taking into consideration a proposed amendment to the constitution, offered at the last meeting of the association. The motion was lost.

The association now proceeded to consider the nominations of members by invitation, and a motion to refer the subject to the committee of arrangements prevailed.

The chair announced the next business in order, the reading and consideration of the stated annual reports from the standing committees.

Invitations to visit the United States Mint, and the Academy of Natural Sciences, were read and accepted.

Dr. Rouse, of Illinois, moved that the thanks of the association be extended to the gentlemen who have extended the invitations to visit the several places above named. Adopted.

Dr. R. La Rouche, from the committe on prize essays, submitmitted the following report:

The committee on prize essays and volunteer communications report:

That the essays received by them were six in number. These the committee have submitted to a patient and careful examination, and with pleasure acknowledge the greater number are written with ability, and evince a commendable degree of familiarity with the subject under consideration. But while freely admitting thus much, and expressing the opinion, that the essays in question if placed in a printed form before the public, would do great credit to their respective authors, the committee have, after mature deliberation, concluded that only one among the number to which their attention was called, presented those qualities which in their opinion should entitle essays to the award of the prizes offered by the association.

The committee have in consequence decided on awarding but one prize. The essay selected is entitled "Statistics of Placenta Prævia." It is one of considerable merit. It evinces an unusual degree of industry in the collection and an uncommon talent in the arrangement and classification of facts from which the author draws practical deductions of high value. The essay is accompanied with extensive tables of cases which ensure its completeness and enhance in no small degree its usefulness.

The essay bears the following motto, "Homines Mulla re proprius ad Deos accedunt quam hominibus salutem dando."

The name of the author was now announced to be James T. Trask, M. D., White Plains Westchester county, of New York. The announcement was received with applause.

Dr. Reyburn, of St. Louis, from the special committee on the epidemics of Missouri, Illinois, Iowa, and Wisconsin, read an abstract of a report, which was ordered to be printed.

Dr. White, of New York, from the committee to which was referred the subject of re-admitting members who have not paid the annual assessment in proper time, reported the following resolution, which was adopted :—

Resolved, That upon no permanent member who is not present at a meeting of the association shall be assessed the annual contribution, but no one shall be entitled to receive a copy of the printed transactions, unless he pay into the treasury a sum not less than the annual assessment paid by the delegates and permanent members in attendance, and that all the names of permanent members that have been left off the published list, be inserted in the next volume of transactions.

RESOLVED, That no assessment whatever be made against members by invitation, but that they also be entitled to a copy of the printed transactions, by paying the sum assessed upon delegates in attendance.

Dr. Sanford B. Hunt, of Buffalo, New York, from the committee on the Hygrometrical state of the Atmosphere in various localities and its influence on Health, submitted a report, pending the reading of which the hour of adjournment arrived. The association resolved to meet at 9 o'clock to-morrow morning.

At 4 o'clock in the afternoon, the delegates, to the number of some 400, were taken in twenty-five coaches to the Blockley Insane Hospital. At the entrance the guests were met by Dr. Kirkbride and several other citizens distinguished for their philanthropic zeal, and after passing through and carefully examining the many departments of this noble institution, they passed to lawns and grounds surrounding the buildings, and various exclamations of gratification were heard on all sides. The visit afforded to many of our guests from sections of our country widely remote, an opportunity seldom enjoyed of comparing notes in regard to their locations and other facts. The representation from all parts of the Union is large.

In the evening they were entertained, at their residences, by Drs. S. L. Hodge, G. W. Norris and F. Bache.

SECOND DAY.

The Association assembled at 9 o'clock yesterday morning. The minutes of the meeting of the preceding day were read and approved.

Dr. Condie moved that the secretaries of the Association be requested to afford every facility possible to the reporters of the public press to enable them to furnish full and accurate reports of the transactions.

Dr. Attlee of Lancaster, asked and received permission to make a statement. At the last meeting of the Association a resolution was passed, authorizing the appointment of a Committee to procure a suitable stone for the Association to contribute to the Washington Monument, at Washington City, D. C. The Committee had made an assessment of One Dollar upon each member to purchase the stone and pay for the sculpture. Dr. Pierson, of Salem, Mass., had recommended as a design for the sculpture, "Hippocrates refusing the bribe offered by the King of Persia, when the great father of medicine said. 'Tell your master that I am rich enough; that honor will not allow me to succor the enemies of Greece.'" Not long afterwards Dr. Pierson was killed at

The d the stone was executed by a young man named John Augustus Beck, only twenty-two years of age. Eminent artists had said that they did not think there was another sculptor in America who would have performed that work. Mr. Beck had been encouraged to go to Italy for study, and it is probable that he will rank among the first sculptors of the world.

Dr. Atlee then appealed to the members to come forward and make up a handsome compensation for the young artist.

A resolution was offered, to the effect that no member should speak unless his name and residence were announced. Adopted.

Dr. Hays then read a list of delegates whose names had been registered since the calling of the roll on the previous day. The additional names makes the total number present at this meeting of the Association 473, being the largest meeting of the Association ever held.

The additional names are as follows:

LIST OF ADDITIONAL DELEGATES.

Milwaukee medical society—J K Bartlett.
Wisconsin state medical society—Clark G Pease.
Rush medical college, Ill—J V Z Blaney.
Ohio state medical society—T H Baker.
Wayne county medical society—W S Battle.
Permanent member from Alabama—S W Claxton.
Medical society of South Carolina—P C Gaillard.
South Carolina medical association—Armory Coffin.
North Carolina medical society—O F Manson.
State medical society of Virginia—P C Cooch; J C Cabell.
Member by invitation—P F Brown, of Virginia.
Distict of Columbia.—Medical association of District of Columbia—W J C Duhamel.
Path. society of Baltimore—F Donaldson.
Kent county medical society—Thomas C Kennon.
Permanent members—From Pennsylvania, Washington L Atlee, John D Ross, James Bryan, Wm Ashmead, John Lewman.
Philadelphia county medical society—John F Lamb, Lewis Rodman.
Cambria county medical society—R M F Jackson.
Lancaster city and county medical society—W S Thompson.
Montgomery county medical society—Wm Corson.
Schuylkill county medical society—James S Carpenter, George Halberstadt.
Gloucester county medical society—Charles F Clark.
Camden county district medical society—Isaac S Mulford.
Mercer county (N J) district medical society—John H P Phillips.
Hunterdon county (N Y) medical society—John Blane.
State medical society of New Jersey—Zachariah Read, B H Stratton.
Essex county (N J) medical society—Linden A Smith.
Cumberland county (N J) medical society—Enoch Fithian.
Permanent members from New York—P B Brooks, A Willard.
Bellevue Hospital of New York—Stephen Smith.
New York county medical society—John Shark, J Warren, Henry S Davis.

Albany medical college—Alden Marsh.

Wayne county medical society—C G Pomeroy.

Oswego county medical society—Charles G Bacon.

New York medical society—John E Todd, Edson Carr.

New York academy of medicine—H Weeks Brown, E B Warner, Joseph Wooster, Charles Herschel, S P White, James O Pond, James L Phelps, J P Batchelder.

N Y Pathological society—S S Purple, James C Hutchinson, Thos F Cook.

Rhode Island.—R I medical society—Chas W Parson.

Providence medical association—Wm O Brown.

Connecticut—New Haven county medical society—Chas H Lindley, Joel Canfield, S N Beardley.

Middlesex county medical association—Geo W Barker, Ira Hutchinson, E B Nye.

Middlesex central medical association—David Harrison.

Fairfield county medical society—Robert Hubbard.

Permanent member—Gideon L Platt.

Massachusetts—Massachusetts state medical society—Stephen Hare, John Green, Wm Workman, Jos Sargent, C C Holmes, E D Miller;

Boston society for medical improvement—John Homan;

Castleton medical college of Vermont—J Perkins;

New Hampshire state medical society—Isaiah Crosby;

The chairman of the committee on nominations reported the following nominations;

President—Geo W Wood, M D, of Pennsylvania;

Vice Presidents—Wm M Boling, of Alabama; Daniel Tilden, of Ohio; P Humphrey Storer, of Massachusetts; Grafton Tyler, of the District of Columbia;

Secretaries—Francis West, of Pennsylvania; R C Foster, of Tennessee;

Treasurer—Casper Wistar, of Pennsylvania;

Committee on Publication—Francis G Smith, of Pennsylvania, Chairman; Francis West, of do; R E Foster, of Tennessee; Samuel L Hollingsworth, of Pennsylvania; H S Askien, of Delaware.

The Committee also recommended Nashville, Tennessee, as the next place of holding the annual meeting.

The officers recommended were, on motion, approved by the Association.

On motion, a Committee was appointed to conduct the officers to their seats, and the latter took their seats amid much applause.

Dr. Wood, on taking the chair, said he was deeply sensible of the honor conferred by the appointment, and none the less from an impression that it was probably an exhibition of respect for the place where the Association was holding its meeting. Personally he had a deep sympathy with the purposes for the advancement of which the Association was established. He had devoted his past life to the advancement of these objects, and he would devote to the same the little that might remain. He was unaccustomed to presiding over such large assemblies, but he would endeavor to justify the appointment.

On motion, the thanks of the Association were tendered to the retiring President, Dr. Chas. A. Pope, of Missouri, for the able and impartial manner in which he had presided over the meetings of the Association.

It was moved that the next meeting of the Association be held at Washington, D.C.

It was moved to amend by substituting Nashville, Tenn., and then again to amend by substituting Detroit, Michigan.

It was moved that the resolution be laid upon the table. Agreed to.

The report of the Nominating Committee in regard to the place of meeting was then taken up.

Dr. Palmer of Chicago, advocated the claims of Detroit, Mich., and moved that that place be substituted for Nashville, Tenn. The question being taken up, the motion was adopted.

Dr. Foster, one of the newly elected Secretaries, tendered his resignation, which was, on motion, accepted.

Dr. Brodie of Michigan was then chosen to fill the vacancy.

The farther consideration of the report of Dr Sanford B. Hunt of New York, upon the Hygrometrical state of the atmosphere in various localities, was resumed.

Dr. Hunt read his report, which was very interesting, and was listened to with a great deal of attention. It abounded in facts and statistics, illustrating the influences of the changes in the atmosphere, particularly with reference to epidemics, and deduced several laws as governing a certain class of epidemics.

On motion, the report was referred to the Committee on Publication:

Dr. Frank H. Hamilton, of Buffalo, N. Y., then submitted a report upon the Frequency of Deformities in Fractures. The report was accompanied with voluminous statistics. The main object of the report was the demonstration of the impossibility of uniting a fractured femur without shortening the limb.

Dr. Hamilton said he had a word to say, but not in connection with the report. It was neceessary to do something to arrest the frequency of the prosecutions for mal-practice. The frequency of these prosecutions no longer surprised the members of the profession. They had become familiar. What occasions this frequency? Is it because there are jealous and designing men among the profession? There are a few, no doubt. But, upon the whole, no profession stands by itself as well as the medical profession. Young lawyers might have something to do with encouraging the prosecutions; but this would not account satisfactorily for the evil complained of. The speaker thought the reason could be found in the imperfections of the art, and the reluctance of the profession to admit those imperfections. Members would assure the world, for instance, that a fractured femur could be united without shortening the limb—which was simply impossible. He trusted that the profession would be wiser in future, and acknowledge that they could not perform impossibilities. Even that city of medical science, Philadelphia, had not produced a book which could instruct physicians how to unite a fractured femur without shortening the limb.

The report was referred to the Committee on Publications.

Dr. Charles Hooker, of New Haven Conn., submitted a report "Diet for the Sick." The report lays down laws for the government of diet under various diseases, and specifies particular articles which may be given with benefit. Referred to the Committee on Publications.

On motion, a resolution was adopted, returning the thanks of the Association to the retiring Vice President, Secretaries and Treasurer.

An invitation to visit the Central High School to-day, at noon, was accepted.

A resolution was adopted, returning thanks to the railroad companies that had given commutation tickets to members of the Medical Association.

On motion, the Association adjourned to Independence Hall.

The Medical Association at Independence Hall.—About five minutes past twelve o'clock, the members of the Association entered Independence Hall. A number of ladies were already present, and the Hall was soon crowded to its utmost extent. Detachments of police, under the command of Lieut. Bailey, prevented the pressure of the crowd outside.

Dr. Isaac Hays, on behalf of the Medical Association, introduced the members in the following address:

Speech of Dr. Hays.—I have the gratification of introducing to your Honor the Members of the American Medical Association—our National Medical Congress. This association was organized in our city, eight years ago, and has met annually since in the principal cities of the Union alternately. It is composed of delegates from the Medical Societies, Medical Colleges, Hospitals, and other Medical Institutions throughout our country. It was instituted with no selfish views—but to accomplish objects of the greatest importance to the public at large; to improve the healing art, and increase its powers for alleviating human suffering. It strives to attain those ends by securing more complete and thorough courses of instruction to students, and by raising the standard of requirements of those admitted into the ranks of the profession; by investigating the causes of the diseases which prevail in certain localities, and by seeking the means by which these causes may be removed, or their effects counteracted; by collecting reliable histories of the different epidemics which, from time to time, spread over our country, and by endeavoring to discover some method of arresting their progress, by offering prizes for the most useful discoveries and improvements in medicine—and by promoting every measure tending to enlarge the boundaries of our science—increase the efficiency and augment the usefulness of our art.

In pursuance of these objects, the Association has assembled this year in our city, and we feel deeply grateful to you for your courtesy in inviting us to visit this place, so venerated by every American heart.

The philanthropy of our profession is not restricted to the cure of disease—it has a larger range, it embraces within its scope whatever tends to the improvement of our mental or moral condition, or even to confer the greatest good upon the largest number. Hence the profession have never been indifferent to national objects—on the contrary, they flatter themselves that they have not been behind any other class of the community in patriotism, but that they have been always prompt to serve their country, not only in their professional capacity, but also by their counsel in the Cabinet, and even by taking up arms for her defence in the field.

I need not remind your honor that the most illustrious physician of his day, in this country, the late Dr. Rush, was a member of the Congress of '76, and affixed his name to the Declaration of Independence; or that Gen. Joseph Warren, one of the most eminent physicians of Boston, contributed by his eloquence to rouse his townsmen to resist the oppressive acts of the mother country, and shed his life's blood on Bunker Hill in defence of liberty—or that his younger brother, Dr. John Warren, animated by the same spirit, volunteered as a private soldier, or of other examples of a similar character. But I may assure you that the spirit which animated our ancestors, if it appear dormant, is not extinct in our bosoms, and that while standing on this spot—the shrine sacred to Human Liberty—we experience feelings akin to those which the inspired Law-Giver must have felt when he heard the voice calling to him out of the midst of the burning bush: "Put off thy shoes from off thy feet, for the place whereon thou standest is holy ground."

To this his honor, Mayor Conrad, responded in the following truly eloquent speech:

Reply of Mayor Conrad.—Mr. Chairman of the Committee of rrangement, I thank you in the name of the community which

I have the honor to represent, for your eloquent introduction of our friends to the authorities of the city, and to this the Hall of Independence.

Gentlemen of the American Medical Association, I am proud of the privilege of extending to you, in the name of the government and of the people, of Philadelphia, a most cordial welcome.

I bid you welcome to our city—a city which, deriving a cherished distinction from the profession which you adorn, is eager, now and ever, to requite it in her tribute of respect for its professors. I welcome you to our people, whose intercourse for many a year with you or your brethren, has inspired a feeling which, reserved as we are sometimes said to be, will, I doubt not, burst into earnest and unambiguous expression before you leave us.

I welcome you, gentlemen, to this Hall, but not as strangers, or the sons of strangers—for it is your own. As the temple and territory of Delphos, in the wildest domestic perturbations of Greece, afforded one sacred area over which the cloud of discord never gathered. one altar whose worship was never invaded, this spot, consecrated to our common American glory, knows no lines of latitude, and belongs, in truth, no more to us, whose peculiar privilege it is to inherit its guardianship, than to our brothers—*to you*. In coming hither, therefore, you *come home*. These precincts have been hallowed for all time by the heroic virtues of your and our fathers. This is the fountain from which the living waters of American liberty were first drawn, and it is, therefore, most sacred—(wo to the generation in which it ceases to be sacred!)—but, like the well of the Patriarch, all the tribes of Liberty's Israel own here an equal right, and own here an equal homage.

In no sense, then, can I greet you as strangers; for yours are names familiar to every American proud of the science of his country, and those who are united, by this Association, in a cause so lofty as that eloquently characterized by your chairman, may not only claim the universal and acknowledged privileges of the republic of minds, but the rights of a nearer and dearer charter, the brotherhood of beneficence—the kindred claims of noble hearts, knit in the highest and holiest of human aspirations. In this spirit, with the most fervent and fraternal sentiments of respect and regard, I greet and welcome you.

You are right, Mr. Chairman, in claiming, amid the associations which hallow these precincts, a peculiar privilege for your profession—a profession which not only sprinkled, with the first blood of the Revolution, the highest altar upon which valor vowed and dedicated our country to freedom—I refer, as you have referred, to Dr. Warren and Bunker Hill—but which, in every struggle for the enlargement and enlightenment of human destinies, has been eminently distinguished for courage, zeal and fidelity to the rights of man. You have, therefore, a peculiar right to kindred here, and have that claim allowed; and within these walls, which witnessed the zeal of Rush, it would be a treason to virtue to forget that one of the lights of your profession shed glory upon the solemn debates of this hall, and was foremost among those that bade yonder bell (preserved and devoted to the veneration of posterity) with its iron tongue to "proclaim liberty throughout all the land to all the inhabitants thereof."

It is the glorious peculiarity of your profession that while ambition, in its ordinary and most applauded paths, plays the part of the *Destroyer*, and wins glory at the expense of human life and happiness, you and yours, with a more exalted civilization and a nobler heroism, have ever sought to save. Next to the highest of all human courage—if, indeed, it be merely human—that of the martyrs of religious truth, the courage of the physician, whether on the battle-field or in the lazar-house, the courage of science and humanity is the most sublime, and best entitled to the *clarum et venerabile nomen.* The vulgar courage of the warrior under the base stimulus of passion or the low greed of applause, can hardly be compared to the noble intrepidity of the surgeon, who gleans, in the ruthless and red-handed reaper's path, the leavings of the battle; and still less with the hero of the hospital, who encounters the grim antagonist in the horrid silence and gloom of the pestilence. Imagination can hardly embody an instance of human courage and virtue more sublime and unearthly than that of the physician, who, in the midnight of a plague-stricken city, midst the fœtid solitude of its alleys, and entering the devoted hovel of the wretched, ministers, while only pestilence, and misery, and death, and God look on, to the perishing. I need not step from this spot to grasp the hand of many a hero who claims no laurel—many a noble philanthropist whose sacred labors, in scenes like these, have been unmarked, save by the eye that never slumbers, and remembered only by him who alone can reward.

To such a profession, one venerable from its antiquity, noble from the grandeur of its objects, illustrious from its achievements, and which demands every aid and energy of genius and science of head and heart that dignifies the race, it is not strange that, go where it may, a ready homage greets and a ready blessing attends it. In our own city, all that is noble in patriotism, all that is exlted in science, all that is bright and beautiful in the arts that efine society, all that is lovely, and cherished and holy in private fe, combine to render the profession sacred and dear to us.

There are few living to whom some one death in the past is not the sole event and solitary memory of the survivor's life—to him a lonely pyramid in the melancholy desert; and to such a mind and memory the debt of the death-bed, where science, rendered holy by its office, ministered, though never paid, is never repudiated. I never knew a good man, still less a good woman, who had not such a debt—a debt which bankrupt gratitude cherished with its holiest affections and devoutest memories.

In these times, when the omnipotence of associated effort is invoked for so much that is of dubious merit, it is a gratifying spectacle to behold the enlightened professors of the most exalted of all arts—men sage and grave, unselfish and unaspiring, forsaking the home to which they are bound by the affections and afflictions of thousands, by wealth, and fame, and influence, to wander weary away upon a pilgrimage of hundreds of leagues, in the cause and interests of the human family, its security, its health, and its happiness. For more than ten years, the representatives of your profession have gathered in Convention. What other body of our citizens have made a like effort—a like sacrifice? Selected from the most eminent of the profession, the delegates have been men whose years, like their virtues, were many. How difficult must have been to them the effort to burst through the bonds of a relying and clinging practice! How great the labor, and how heavy the sacrifice! They have already visited, in this duty, the cities of every section of our wide country. How many have fallen by the wayside? How many martyrs could you not thus number in this cause? How many of the good and great of the profession have, in these benevolent pilgrimages, joined the ranks of the thousands who have sacrificed themselves at the requisitions to duty, as recognized and enforced by your self-imposed laws—joining the dead in order to aid the living? The epitaph of the Spartans at Thermopylæ might well commemorate the virtues and the fate of these martyrs. But if the cost has been great, the results have been commensurate.

Of the professional advantages attained, though I know them to be invaluable, I will not presume to speak; but I may be permitted to state, as health is the most important subject of municipal provision and care, that the Transactions of the Association, which I have examined with great interest, comprise much that merits the attention and will reward the respectful consideration of the municipal governments of the Union.

It is natural that Philadelphia should feel, as she does feel, a profound interest in the cause of medical education in this country. She cannot of course, forget that it was here that the first medical college was established in this country; that its merits and success extorted a reluctant trans-atlantic tribute of admiration, and that progressing rapidly but wisely, it achieved and maintained an equality with the most celebrated institutions of the old world. As the cause of medical education has expanded, and institutions worthy of the cause and country have sprung up, each triumph thus attained has been regarded here as the successful outbursting of an off-shoot from the primary effort; and Philadelphia, while rejoicing at the expansion and elevation of medical education throughout the land, has almost fancied—so earnest is her interest in medical education—that she had a right to indulge a parental pride in all that advances that interest.

These genial feelings have been maintained, in all their early and fervid freshness, by constant intercourse with all sections of our country. The ingenious and gallant youths that have come here for medical instruction have, in their unstudied intercourse exhibited the character of their respective States in a light so generous and exalted as to win our affections not only for themselves but for the communities and States which could exult in them as their own. Winter after winter, we have had hundreds of these noble young spirits among us here. And let me remark that, rigorous as I am said to be in the administration of the law, I have yet to know the first occasion to rebuke, much less to punish a medical student. We have found them as gentle and decorous in their deportment as they are exalted in their aspirations, and had Philadelphia—eminently catholic in her affection for sister communities—needed a lesson of love and loyalty, these noble young missionaries would have taught it. This interchange of sympathies has endured for the third of a century, (may it last forever.) Her youths who formerly bore those sentiments to the remote sections of our republic, stand before me now as the revered sages and ornaments of their profession, meeting here the evidences of a reputation which had preceded them and has long been cherished by us. And who can tell what have been the results of this kindly interchange of kindly feelings? It has doubtless been felt in every commercial, social and political relation of life, correcting the prejudices, harmonizing the discords and subduing the dangers of our common country.

We realize these facts. We recognize in the members of an enlightened profession like yours, so many patriots and philanthropists engaged in the great and general interests of the human race; and apart from the mere scientific acquisitions of your an-
l meetings, we perceive, in them, results auspicious to all that
cherish, all that is kindly, forbearing and conservative be-
en man and man, party and party, state and state, section and
ion; and so regarding them, we hail and greet you with a wel-

come as sincere and cordial as the heart can forge or the tongue can utter.

The members spent some time in viewing the pictures and relics in the hall, and then returned to the Musical Fund Hall.

The Afternoon Session.—Two invitations, one to visit Langenheim's Photographic Academy, and one from the Board of Health, to visit the City Hospital and the Lazaretto, were accepted.

On motion of Dr. N S. Davis, the thanks of the Association were tendered to the Mayor of Philadelphia for the very cordial manner in which he had received the American Medical Association at Independence Hall, and that a copy of his speech be published in connection with the proceedings of the Association.

On motion, the rules were suspended, and Dr. Thompson, of Delaware, offered the following preamble and resolutions:

Whereas, That as few subjects of greater interest and importance could be presented to the consideration of the American Medical Association, now representing most of the States and Territories of the Union, than the attainment of a correct Medical Topography of each, with a history of its prevailing fevers, and the most successful treatment of the same, therefore be it

Resolved—That with this view and conviction, this Association now appoint a special commission from each State and Territory, represented of ——— members. whose duty it shall be to report upon its medical topography, epidemic fevers, and the most successful treatment thereof, and that the same shall continue to hold their office for three years.

Resolved—That in the appointment of gentlemen of education and experience in their own State, we have the best guarantee that the important objects we seek will be most satisfactorily accomplished, and the profession as well as the public interest will thereby be better served.

Resolved—That the Committee appointed by the Association, at its annual meeting in Charleston, S.C., for the same purpose, be, and the same are hereby discharged.

Dr. Thompson moved that the resolutions be made the special order for to-day, at 10 o'clock A.M. Agreed to.

The Committee on Publication submitted a report, from which we learn that the seventh volume of the proceedings of the Association was issued last November, 1,000 copies being published, at an expense of $1,806 42; 781 copies have been sold or furnished to members of the Association; 31 were given to editors of medical journals; and 184 remain on hand. Two resolutions appended to the report, in regard to restricting the furnishing of the copies of the proceedings, were adopted.

The Treasurer submitted his annual report, from which we gather the following facts:

Balance in the Treasury at last account,	$273	99
Assessment and sales of Transactions,	2722	31½
Prize Fund,	200	00
Total,	$3216	30½
Balance in Treasurer's hands at present,	1115	26

Dr. Condie, from the Committee on Publication, read a report upon certain charges made against the Committee in regard to the publication of the proceedings, and a charge made against Dr. Meigs, of this city, of making profit by publishing the material of the Association as his own work; and also upon the question whether the Association should publish its own proceedings, or entrust it to a regular bookseller. The charges against the Committee were that they had delayed the publication of the last volume of the proceedings, and had excluded several papers that were presented at the meeting of the Association. Both these charges were disproved, and Dr. Meigs was exonerated from the charge made against him. The Committee decided that it was not expedient for the Association to publish its own proceedings. Dr. Condie asked that the report be entered upon the journal

A resolution was offered, thanking the Committee on Publication for the faithful performance of their arduous duties, and expressing the satisfaction of the Association therewith.

Dr. Condie stated that the Committee on Publication cared but little for the charges made against them; but they desired to do justice to a man who stood very high in reputation in Philadelphia, and who felt himself aggrieved by slanderous accusations. He withdrew the request that the report of the Committee be entered upon the minutes.

A resolution was adopted, appropriating the sum of $1,000, to pay for the stone for the Washington Monument.

Dr. Duhamel offered a preamble and resolutions returning the thanks of the Association to those Senators and Representatives who took an interest in procuring the passage of the Quarantine bill, the object of which is the better prevention of the introduction of diseases into the country.

The resolutions were adopted.

The Secretary read a paper from Dr. Wm H. Byford, of Evansville, Indiana, upon Scrofula. This paper gives a precise account of the disease, its varieties, causes, effects, and treatment. Referred to the Committee on Publications.

Dr. N. .S Davis of Chicago, Ill., read a report upon "The Nutritive Qualities of Milk, and the Influence produced thereon by

Pregnancy and Menstruation in the Human Female, and by Pregnancy in the Cow; and also on the question whether there is not some mode by which the nutritive constituents of milk can be preserved in their purity and sweetness, and furnished to the inhabitants of cities in such quantities as to supersede the present defective and often unwholesome supply." This a very able paper, possessing more general interest than most other reports. The various methods of preserving milk are all investigated and explained, and the preference given to that discovered by a gentleman of Dutchess Co., New York. By this method milk had been preserved for twelve months, with all its nutritive qualities. The solidified milk produced by that gentleman, was decided to be the article that had long been a desideratum. Referred to the Committee on Publication. The committee was continued.

The hour for adjournment having arrived, on motion, the Association adjourned.

According to previous arrangement, the members of the American Medical Association and others, to the number of about 500 persons, visited Girard College and Fairmount. The party entered coaches at the Musical Fund Hall, about 4 o'clock, and proceeded first to Girard College. In the hall of the hall of the Directors, in the main building, Dr. Emerson, of this city, introduced the members of the Association to President Allen. He said they were congregated from all parts of the Union they were much gratified at the privilege of visiting the institution.

President Allen replied briefly, extending a cordial welcome to the members of the Association. He rejoiced to have the pleasure of meeting so many members of the noble profession of medicine. He had not anticipated being called upon to make a formal speech. He could only say that it gave him much pleasure to see them at the college—an institution founded by one of the noblest charities the world has ever known. The various departments of the College were now open to the inspection of the Association. The schools had been kept in session longer than usual, in order to allow the visitors to see the pupils.

The members of the Association then passed up stairs to the schoolrooms, where they beheld the boys, 310 in number, seated and under the charge of their female teachers. They presented a neat and interesting appearance. From the schoolrooms, the party proceeded to the roof of the College, from which they obtained a glorious view of the vast city and the beautiful country around. The various apartments in the main building, and the others inspected, and the tasteful grounds were traversed; and then the party once more entered the coaches to go to Fairmount.

Fairmount was reached just before sunset. The afternoon was genial and pleasant, and everything at Fairmount wore a fresh and verdant aspect. The various portions of the ground, the reservoirs, etc., were visited, and then the party returned to the city.

THIRD DAY.

The Association met at nine o'clock in the morning, pursuant to adjournment. Dr. Wood in the chair. The minutes of the proceedings of the last meeting having been read by Dr Francis West, Secretary, the President stated that there was no rule or mode for the appointing of the Committee on Prize Essays, and suggested that the subject be referred to the Nominating Committee. A motion to this effect was agreed to.

A letter was read from Dr. Rayburn, of Missouri, suggesting that the large district in Missouri be divided into two parts. The district is seven hundred miles north and south, and four hundred miles east and west. The duties in so large a district as this cannot be easily fulfilled by one chairman. By dividing the district, the reports will be more satisfactory than at the present time. The Doctor tendered his resignation.

Dr. Watson moved that the letter be referred to the Nominating Committee, and the resignation of Dr. Rayburn be accepted.

The President ruled that part of the motion relating to the reference out of order, as it conflicts with the resolutions made the order of the day at ten o'clock.

The resignation of Dr. Rayburn was accepted.

Dr. Isaac Hays, from the committee of arrangements, stated that he was not ready to make a report at the present time of the full list, but would do so at a later hour in the day. He announced that 510 delegates were now enrolled, and the duties of the committee have become more arduous. The Doctor read invitations to visit St. Stephen's Church, to look at the Byrd monument. Accepted.

Thanks were tendered to the Rev. Dr. Ducachet for his kindness in extending an invitation.

The Association now proceeded to the consideration of the reports of the various committees.

Dr. E. B. Haskins, of Clarksville, Tenn., to whom was referred the subject of "Microscopical Investigation of Malignant Tumors," reported that he was unable to submit a report, in consequence of not having had the necessary opportunities. He was excused.

The committee on nominations reported the following committees for the present year:

On Prize Essays Dr. A B Palmer, of Michigan; Samuel Denton, do.; A. R. Terry, do.; Abraham Sagar, do.; J. H. Douglass, do.; Corkdon La Ford, do.; E. Andrews, do.

On Arrangements—Dr. Zino Pitcher, Detroit, Moses Gunn, do.; G. B. Russell, do.; N. S. Leland, do.; M. Stewart, do.; P. Klein, do.; J. A. Brown, do.

On Medical Literature—Drs P. C. Gillard, S. Carolina; N.P. Monroe, Me.; James Cooper, Del.; R. Hills, O.; A. Coffin, S. Carolina.

On plans of organization for State and County Societies—Drs. A. B Palmer, of Michigan; N B Ives, of Connecticut; E. B. Haskins, of Tennessee; Chas. Woodward, Ohio; Josiah Crosby, New Hampshire

On Medical Education —Drs. J. Berrien Lindsley, of Tennessee; J. B. Flint, of Kentucky; P. H. Cabell, of Ala.; Geo, Hayward, Mass.; E B, Smith, Missouri

The report of the Committee was unanimously accepted.

Dr. Frank Hamilton, of Buffalo, New York, made an additional report on the subject of fractured clavicles. It was listened to with marked attention. At the conclusion of reading the report, the Dr. expressed an earnest hope that the Managers of the Pennsylvania Hospital would be more exact in making up their reports of the statistics of fractured clavicles, so that we may all be enabled to judge of the merit of the instrument, which has been used in such cases in that Institution. for thirty years. He had known a surgeon to be mulcted into heavy damages for using that instrument in a case of fractured clavicle, because he could not accomplish all that he supposed he could by using it. He did not wish to speak harshly, but at the same time he called again upon the managers of that Institution to be more exact in their statistics on the subject of fractured clavicles, so that the medical faculty may be prevented from being a grand Insurance Company for the whole world.

The following resolutions being the order of the day, were read and considered:

Whereas, That as few subjects of greater interest and importance could be presented to the consideration of the American Medical Association, now representing most of the States and Territories of the Union, than the attainment of a correct Medical Topography of each, with a history of its prevailing fevers, and the most successful treatment of the same, therefore be it

Resolved—That with this view and conviction, this Association now appoint a special commission from each State and Territory, represented of ——— members. whose duty it shall be to report upon its medical topography, epidemic fevers, and the most successful treatment thereof, and that the same shall continue to hold their office for three years.

Resolved—That in the appointment of gentlemen of education and experience in their own State, we have the best guarantee that the important objects we seek will be most satisfactorily accomplished, and the profession as well as the public interest will thereby be better served.

Resolved, That the Committees heretofore appointed by this Association, at its session in Charleston, for a similar object, be, and at the same time are hereby discharged.

On motion of Dr. J. L, Atlee, the Hon. Ellis Lewis Chief Justice of Pennsylvania, (being in the room,) was unanimously invited to a seat on the platform.

Dr. Askew offered the following as an additional resolution:

Resolved, That all reports on the Medical Topography and prevailing diseases of States, shall, to entitle them to be received by this Association and published in the proceedings, be first approved by the Medical Societies of the State or Territory where such Societies exist, and to which State or Territory such report refers.

Dr. J. G. Orton, of New York, offered the following additional resolutions:

Resolved, That each County Medical Society, or in parts of the country where such have not been established in any duly organized Medical Association, be invited to amend their Constitution by attaching thereto the following article:

"It shall be the duty of each member of this Society to keep a faithful record of the diseases which may fall under his observation during each month, according to the classification adopted by this Convention, in May 1847, stating the age and sex, occupation and nativity of the patient, the average duration of the disease, and finally their recovery or death, and to report the same in writing to the Secretary, on or before the 1st of February of each year, who shall transmit a digest therof to the State Médical Society, and also the appropriate committee appointed by the American Medical Association for its reception..

Resolved, That each incorporated Hospital, Infirmary and Asylum be invited to furnish a copy of their annual reports, for the use of the committees of their respective State.

Resolved, That the State Committee appointed by this Association, to report on the prevailing diseases of their respective locality, shall receive and arrange a digest of the reports transmitted to them by the Secretaries of the various county Societies, and to report the same at the annual meeting of this Association.

Resolved, That the first day of January be the time fixed at which the object of these resolutions shall be carried into effect, nd that the several County Societies and Associations be requested to amend their Constitution as heretofore recommended, at as early a date as practicable, and to report to the State Committee their willingness or unwillingness to acquiesce in the request of this Association.

A motion was made that the whole subject be referred to the Nominating Committee.

The previous question was called, and being sustained, the motion to refer prevailed unanimously.

Dr. Thompson of Delaware expressed a hope that the Committee would go into immediate session, so that a report might be made as soon as possible.

Letters from Drs Sutton and Denner, on the subject of epidemics, were referred to the Committee on Nominations:

Dr. D. Francis Condie, to whom was referred the subject of tubercular disease, stated that he had been engaged for a period of three years in examining and arranging a report on this subject. The report will occupy at least five hundred pages, and one reason which has caused it to swell to so great an extent, is, that he found it necessary to contradict a large number of statements and reports on the subject. He hoped that the Association would excuse him in not being quite ready with the report. He had prepared a digest of its contents, which in fact is merely an index to the whole, and would not of itself repay for the time used in reading it. He expressed a desire that the Association would excuse him.

A motion was made that Dr. Condie do just as he please, without any obligation he may consider himself under to the Association. The motion was agreed to.

The Committee on diseases of the throat, were continued for another year.

The committee on the subject of Dysentery, submitted a report which was referred to the committee for publication.

A brief report from the committee on Hydrophobia, was read and referred to the committee for publication.

The following named, additional delegates were enrolled.

RHODE ISLAND.

Rhode Island state medical society.—David King.

MASSACHUSETTS.

Massachusetts medical society.—Jno. Ellis Blake Benj. Cutter Francis Leland.

Boston society for Medical observation—Luther Parks, Jr.

Permanent members—George Choate. Levi Folsom.

VERMONT.

Charles Clark.

NEW HAMPSHIRE.

Grafton district medical society—H B Brown.
New Hampshire state medical society—Fred. Boyden.

MAINE.

Medical school of Maine—E M Peaslee.

MICHIGAN.

Permanent members—Aaron L Leland, Isaac Paddock.
Michigan state medical society—S M Axtille,

OHIO.

Commeraial hospital, Cincinnati—A Evans.
Miami medical college—C G Comegys.
Medical college of Ohio—Thos. Wood.
Sterling medical college—S M Smith, John Dawson.
Cincinnati medical society—J J F Holston.
Member by invitation—Caleb Jones.

ALABAMA.

A. Denny.

SOUTH CAROLINA.

South Carolina medical society—Octavius White.
Permanent members—R A Kinlock, H W De Saussure.

NORTH CAROLINA.

North Carolina state medical society—N J Pitman, Chas. F. Denny, J R Thompson.
Edgecombe medical society—B W Marbrey.

VIRGINIA.

Permanent member—W B Cochran.
State medical society—J M Hurst.
Prince Edward county medical society—A S Dillon.

DISTRICT OF COLUMBIA.

Georgetown medical college and medical association of district of Columbia—J E Morgan.

DELAWARE.

New Castle county medical society—John P Wales,
Delaware state medical society—R R Porter.

MARYLAND.

Maryland Medical Chirurgical Faculty—Christian Johnson, Charles Frick, John K Sappinton, J Gilman, S R Handy, W B Crane, T E B Hintyre, George W Lawrence, Walter F Belt, John F Monmonior.
Baltimore Medical and Surgical Society—D A O'Donnell.
Baltimore Pathological Society—William H Davis, William ley.

PENNSYLVANIA.

Philadelphia Association for Medical Instruction—Addinell Henson.

Bucks County Medical Society—O P James.

Pennsylvania Hospital—Wm. Pepper.

York County Medical Society—Jams W Kerr.

Philadelphia Medico-Chirurgical Society—Henry Y Smith.

U. S. Navy—G R B Horner.

Allegheny County Medical Society—A M Pollock.

Chester County Medical Society—Wilmer Worthington, Alex. K Gaston, S A Ogier.

Vorthampton county medical society—Robert E James, Edward Swift.

State medical society—John J Koehler, J M Couper, W W Townsend.

Lancaster county medical society—John Ream.

Lancaster county hospital—J Aug. Ehler.

Permanent members—Anthony Heger, Moreton Stille, George Fox, Lawrence Turnbull, Thomas S Spencer, Trail Green, Wm. J Wilson, W G Wimley.

Huntington county medical society—J H Dorsey.

NEW JERSEY.

Essex district medical society—George R Chatwood.

Permanent members—Quinton Gibson, J B Munn.

Mercer county district medical society—Thos. J Corson.

Warren county district medical society—P F Brakely.

NEW YORK.

New York academy of medicine—J P Garrish, Pliny Earle, W N Blakeman Lewis A Sayre.

King's county medical society—T Anderson Wade.

German medico chirurgical society—Louis Bauer.

Statistical society, N. Y.—D S Conant.

Monroe county medical association—Henry W Dean.

Geneva medical college.—F. Hyde.

Permanent members—Harvey Jewett, James M Austin.

Wayne county medical society—T P H Deming.

West Chester county medical society—James D Trask.

New York medical association—Jos. A Monell.

New York Ophthalmic hospital—Mark Stephenson.

Nhw York medical society—H D Balkley.

College of physicians and surgeons, N. Y.—Alonzo Clark.

MISSOURI.

St. Louis medical society—E F Smith.

KENTUCKY.

Permanent member—Walter A Norwood.

CONNECTICUT.

Fairfield county medical society—David S Barr.

New Haven medical association—Thomas H Totten, Benj. H Catlin, John R Downes.

Litchfield county medical society—Wm. W Welsh.

Hartford hospital—Myron W Wilson.

Norwich county medical association—Ashbel Woodward.

Dr. Hays stated that the whole numbers amounted to five hundred and twenty. The hour of recess having arrived, the association separated.

AFTERNOON SESSION.

The Association re-assembled at 1 o'clock.

Dr. Muzzy of Ohio, read an interesting report on the use of alcohol, which, on motion of Dr. Condie, was referred to the Committee on Publication

An invitation was received from the Principal of the Pennsylvania Institute for the training of feeble minded children.

The Nominating Committee, to whom was referred the resolutions providing for the appointing of a committee on Medical Topography, referred the same back without material amendment, and recommended the following named as the committee:

Maine—J. C. Weston, of Bangor.
New Hampshire—Edmund R. Peaslee, Dartmouth College.
Vermont—Joseph Perkins, of Castleton..
Rhode Island—Joseph Mauran, Providence.
Connecticut—Charles Hooker, New Haven.
Massachusetts—George C. Shattuck, Boston.
New York—Joseph M. Smith.
New Jersey—Lyndon A. Smith, Newark.
Pennsylvania---Jacob M. Gummill, Huntington County.
Delaware---James W. Thompson, Wilmington.
Maryland---Peregrine Wroth, Chestertown.
Georgia---John F. Posey, Savannah.
Virginia---P. F. Peebles, Petersburg.
District of Columbia---Thomas Miller, Washington.
South Carolina---D. J. Cain, Charleston.
North Carolina---O. F. Manson, ———
Kentucky—Wm. L. Sutton, Georgetown.
Tennessee—E. B. Haskins, Clarkeville.
Louisiana—E. J. Fenner, New Orleans.
Minnesota—J. H. Murphy, St. Anthony Falls.
Ohio—G. Menderhall, Cincinnati.

Mississippi—T. J. Grafton, Rodney.
Missouri—S. B. Alleyne.
Michigan—J. H. Beech, Cold Water.
Alabama.—S. W. Clanton, Warsaw.
Illinois—John Evans, Chicago.
Indiana---Vierling Kersey, Milton, Wayne co.
Wisconsin---Alfred L. Castleman, Delafield.
Iowa---E. A. Arnold, Davenport.
U. S. Navy---Thomas Dillard, Philadelphia.
U. S. Army---Clement A. Finley.

Dr. Thompson, who offered the original resolutions, begged as a personal favor, to be excused, and that the subject be referred to the delegate from his state. The Association would not excuse him.

The same committee, to which was referred so much of the President's address as relates to the next place of meeting, reported that it was inexpedient to change the place from that agreed upon by the Asssociation.

The committee further reported the following named special committees on the subjects named.

On Puerperal Fever and its communicability—S. W. Noble, Leroy, McLean co., Ill.

On the progress of general and descriptive anatomy—J. W. Freer, Chicago, Ill.

On the diversity of the venereal poison.—Dr. T. G. Richardson, of Louisville, Ky.

On the effect of mercury on the living animal tissues—J. B. Coleman, New Jersey.

On the best mode of rendering the medical patronage of the national government tributary to the honor and improvement of the profession—J. B. Flint, Kentucky.

On the treatment best adapted to each variety of cataract, with the method of operation, place of election, time, age, &c.,—Mark Stephen.

On the causes of *infant mortality* in large cities, the sources of its increase, and the means for its dimunition.—D. Meridith Reese, N. York.

On the causes of the impulse of the heart, and the agencies which influence it in health and disease—John W. Corson, N. Y.

On sanitary police of cities- -James M. Newman, Buffalo, N. Y.

On the native substitutes for cinchona indigenous to the southern states—P. H. Cabell, Ala.

On endemic tetanus—J. Knight, New Haven.

On strychnia---its chemical and toxicological properties---Dr. Lewis H. Steiner, Washington, D. C.

On tracheotomy in epilepsy---Ashbury Evans, Covington, Ky.

On treatment of the cholera---J. Taylor Bradford, of Augusta, Kentucky.

On malignant periodic fevers---Charles Quales Chandler, of Rockport, Me.

On the execretions as an index to the organic changes going on in the system---H. A. Johnson, Chicago.

On microscopical investigations of malignant tumors.—Henry J. Bigelow, Boston, Mass.

On the statistics of the calculaus disease and the operations therefor---J. S. Carpenter, Pennsylvania.

On the treatment and curability of reducible hernia---J. S. Carpenter, Pennsylvania.

On the best treatment of cholera infantum—A. J. Fuller, Maine.

On injuries of the joints— Wm. B. Page.

On the treatment and curability of reducible hernia.—D. Carpenter, Pennsylvania.

On the statistics of Mortality in the United States---Wilson Jewell, Philadelphia.

On motion, Dr. Anderson was continued as chairman of the committee on Education.

A resolution relating to the registration of births, deaths and marriages, was offered, and referred to the committee on nominations. The association adjourned.

VISIT TO THE ALMSHOUSE.

In the afternoon the association visited the Philadelphia Hospital and Almshouse, at Blockley, Twenty-fourth ward, at the entrance of which they were met by several of the Guardians of the poor, and were ushered into the board room, where Dr Jewell, of this city, introduced the visitors to Frederick M. Adams, Esq., President of the Board, who in return, said:

Gentlemen of the American Medical Association and of the committee of arrangement: As the presiding officer of the Board of Guardians of the poor of the city of Philadelphia, the pleasing duty of welcoming you on behalf of the board devolves upon me, which, gentlemen permit me to do most heartily. It is not often that the Guardians have an opportunity afforded them of extending an invitation to such a distinguished scientific body--it is seldom they are enabled to proffer an invitation, the acceptance of which is so likely to be attended with beneficial results to humanity.

Permit me to say, it is not the less gratifying to them. In conclusion, gentlemen, trusting that the short time you may be enabled to devote to an examination of such objects as may engage your attention in the institution, may be productive of interest to you, I, in behalf of the Board of Guardians, greet you, and xtend a cordial welcome. Allow me to introduce to you, Dr. A.

B. Campbell, the chief resident physician, and his several Assistants.

The association preceded by Dr. Campbell and the assistant physicians of the institution, visited the many wards, and expressed much appropriation of the many departments, they were ushered into a hall, where a slight collation was set out. The guests after refreshing themselves returned to the city, apparently well pleased with the visit. In the evening they were entertained the residences of Dr. Samuel Jackson, J. Pancoast, Henry Hartshorne, and Mr. Isaac Lee.

FOURTH DAY.

The association was assembled yesterday morning, pursuant to adjournment. Dr. Wood in the chair.

Dr. Isaac Hays, from the committee of arrangements, reported the following additional delegates, making a total number of five hundred and twenty-three

MASSACHUSETTS.

Massachusetts General Hospital—J. Mason Warren.

NEW YORK.

New York pathological society—F. C. Frennell.

PENNSYLVANIA.

Lebanon county medical society—William Moore Guilford.

Dr. Atlee offered a resolution that Dr. Breckenbridge's report on medical literature be referred to a special committee, to be read, and if approved by said committee, then to be referred to the committe on publication. The motion was lost

A motion was made and adopted, that the committee on medical literature be continued to report at the next meeting of the association.

Dr. Haywood, of Boston, offered the following, which was adopted unanimously:

Resolved, That the thanks of this association be presented to his honor the mayor, and the other officers of the city government, and the citizens and physicians of the city of Philadelphia, for their kind and continued attention, and munificent hospitality to the members of this association during the present session.

Duty L. Atlee. chairman of the special committee, to whom was referred, at the last annual meeting, the paper of Dr. Phelps "On Religion an element in medicine," &c., &c., reported that the paper was ably written and creditable to the author. But on account of its length and the fullness of our adopted code of ethics, was not expedient to publish it in the transactions of the association. The report was accepted and its recommendations adopted.

Dr. Isaac Hays, from the committee of arrangements, reported the name of Dr. Wm. H. Wattson, of Bradford county, Pa., as a member by invitation. The report was adop[illegible]

A vote of thanks was tendered to the managers of the academy of fine arts, for their liberal offer to take charge of the stone for the Washington Monument, until its delivery at Washington.

The following amendments to the constitution was offered, and under the rules laid over until the next annual meeting of the association.

"Any permanent member who shall not pay for the published transactions for three successive years, shall be considered as withdrawn."

Dr. N. S. Davis, of Chicago, Ill, submitted the following preamble and resolution:

Whereas, The present mode of conducting the annual meetings of the association affords but little opportunity for the discussion of strictly scientific questions and papers, and

Whereas, This has been regarded as a serious defect in the operation of our organization, impairing its scientific character, therefore

Resolved, That the daily sessions of the association during each annual meeting, be divided into two parts—the first to terminate at an hour not later than 12 1-2 o'clock, P. M., of each day, and to be divoted as heretofore, to the general business of the association; the second, consisting of all the time which it is deemed advisable to remain in session each day, after 12 1-2 o'clock P. M., to take the character of a scientific section, and to be devoted exclusively to the discussion of questions relating to the science and art of medicine.

Resolved, That the association in its capacity of a scientific section, having no power to act on any subject except of a scientific character, may continue in session whenever thought advisable, a longer period than in its more general capacity.

Resolved, That the foregoing preamble and resolutions be referred to the committee of arrangements, with instructions to report on the same at the commencement of the next annual session.

The preamble and resolutions were agreed to.

Dr. A. J. Semmes, of Washington, District Columbia, offered the following. which was adopted:

Resolved, That a committee of three be appointed to report to the association at its next annual meeting what measure should be adopted to remedy the evils existing in the present methods of holding coroner's inquests, by incompetent persons, by which the lives and liberties of the innocent may be jeopardized, and the ends of justice frustrated.

Dr. Atlee offered the following which were adopted:

Resolved, That to secure efficient teaching in medical schools, where the prime object is to enforce practical precepts, a large degree of union and harmony must exist among the teachers, and confidence be reposed in them by their pupils.

Resolved, That any such unnatural union as the commingling of an exclusive system, such as homœopathy, with scientific medicine in a school, setting aside all questions of its untruthfulness, cannot fail by the destruction of union and confidence and the production of confusion and disorder, unsettling and distracting the minds of the learners, to so far impair the usefulness of teaching as to render every school adopting such a policy unworthy the support of the profession.

Dr. C. Stewart, of New York city, offered the following which were passed unanimously:

Resolved, That the thanks of the American medical association be, and they are hereby tendered to the committee of arrangements for the liberal and cordial reception extended to its members during the session.

Resolved, That a similar acknowledgement is eminently due, and also unanimously extended, to the officers, trustees, and managers of the several public and private institutions of the city and vicinity, which have been thrown open to the inspection of the members of the association, the visitation of which has been a source of mingled satisfaction, and the management of which manifests the faithful and zealous care of those to whose guardianship they have been entrusted.

The committee on nominations submitted a report, recommending that the resolution in reference to the registration of marriages, births and deaths be adopted, and that the following named members constitute the committee:

Dr. M. W. Wilson, Hartford, Conn., chairman.
" G S Palmer, of Gardiner, Me.
" Silas Cummings, of Fitzwilliams, N. H.
" G T Elliott, of Woodstock, Vt.
" Edward Jarvis, of Dorchester, Mass.
" Joseph Mauran, of Providence, R. I.
" John H Griscom, of New York.
" Henry Carpenter, of Lancaster, Pa.
" O H Taylor, of Camden, N. J.
" Lewis P Bush, of Wilmington, Del.
" A Snowden Piggot, of Baltimore, Md.
" D H Tucker, of Richmond, Va.
" —— Pittmann, of Tarb ro', N. C.
" Harry Lindsay, of Washington, D. C.
" John D Dawson, of Charleston, S. C.
" R D Arnold, of Savannah, Geo.
" A Lopez, of Mobile, Ala.
" James Jones, New Orleans, La.
" R C Foster, Nashville, Tenn.
" C J Blackburne, Covington, Ky.
" John Dawson, Columbus, O.

" Edward Murphy, New Harmony, Ind.
" A D Stebbins, Detroit, Mich.
" J V Z Blaney, Chicago, Ill.
" George D Wilbur, Mineral Point, Wis.
" William McPheeters, St Louis, Mo.
" J D Elbert, Reosaque, Iowa.
" John H Murphy, St Anthony Falls, Min.

The committee further reported in favor of the appointing of the following special committees:

Dr M M Latta, of Goshen, Indiana, "on whether there were any means by which the growth of the Fœtus in Utero may be controlled without injury to the mother or the child."

Dr Thomas Miller, of Washington, D. C., on Toxicology.

Dr E R Peasler, of Hanover, N H, on inflammation, its pathology and its relation to reparative process.

Dr D D Thompson, of Louisville, Ky, on the remedial effects of chloroform.

Dr Wm Clendennin, of Cincinnati, Ohio, on epidemic erysipelas.

Dr C G Comegys, of Cincinnati, Ohio, on the state of the urine in Turbercular disease.

The report was adopted.

Dr Clendennin, of Cincinnati, Ohio, offered the following:

Resolved, That no state or local society shall hereafter be entitled to representation in this association that has not adopted its code of ethics.

Resoled, That no state or local society that has intentionally violated or disregarded any article or clause in the code of ethics, shall longer be entitled to representation in this body.

Dr. Miltenberger, of Baltimore, moved the following additional resolutions:

Whereas, It has been brought to the notice of the American medical association that the state medical society of Ohio violated at their last meeting one of the articles of its code of ethics, Therefore,

Resolved, That the secretary of this association be directed to inform the officers of that society, that unless such action be rescinded, they cannot hereafter be represented in this association.

The resolutions were warmly advocated by several members, and finally adopted unanimously.

Several amendments to the constitution were offered, one of which provides that the travelling expenses of the secretary and treasurer shall be paid out of the general fund of the association. These amendments lay over until the next annnal meeting.

Dr. Corson read a report on the "influence of lead on the heart."

A number of resolutions making changes in the mode of imparting medical instruction were presented, and laid over for consideration at the next annual meeting.

A motion was made that the committee on publication have discretionary power in regard to the printing the report. The mover said that many of the members had not heard the reading of the report distinctly, and perhaps there may be some foolish remarks in it.

Dr. Corson replied that such a summary way of proceeding was not very courteous, so far as he was concerned. He had prepared his report with care. and he thought that the delegate might have given a more "delicate hint."

A motion was offered that it be referred to a special committee of three for examination. and if worthy of publication, to refer it to the proper committee for that purpose

The first motion was withdrawn, and the last was adopted.

The hour of recess now arrived. and a motion prevailed to dispense with the recess, and remain in session until final adjournment.

Dr. ——, of New York. moved that the time of holding the sessions of the association be changed from the first Tuesday in May to the second Tuesday. He said that this would better accommodate many of the delegates.

A delegate hoped it would prevail, to suit the members from New York.

Member of New York—There are seventy delegates there.

Member of Pennsylvania—You New Yorkers had better move on the first day of April. than on the 1st of May.—(Laughter.)

Member of New York—That's a customary rule and can't be avoided.

On motion, the whole subject was indefinitely postponed.

Dr Thomas, of Baltimore, explained briefly a very simple method of inhaling nitrate of silver for disease of the throat and chest, by converting it into powder. A small mixture for this purpose was exhibited.

Dr. Atlee called up a resolution offered at the last meeting of the Association, directing the especial attention of the committee on epidemics to the subject of contagiousness or uncontagiousness of cholera. The resolution was adopted.

A resolution was adopted tendering the thanks of the association to all railroad companies that have afforded members similar accommodations to those afforded by the Philadelphia and Wilmington and Baltimore railroad company. Adopted.

An amendment to the Constitution. offered at the last meeting, changing the time of electing the officers, was called up. The consideration of the amendment was lost.

A communication was received from Hon. R. T. Conrad, mayor, stating that an account of the reception of the delegates at Independence Hall, had been prepared for publication in pamphlet form, and would be ready for delivery to-morrow.

A resolution returning thanks to the Mayor, for this renewed expression of kindness, was passed.

Also, resolution of thanks to Dr. Horner, of the U. S. Navy, and Captain Marson of the U. S. Navy, for their invitations to visit the Navy Yard.

A delegate arose and said, that we have been so full of heart in passing resolutions of thanks by piecemeal, that perhaps we may have made some omissions. He would, therefore, move that the secretaries be instructed to fill up all omissions. Approved.

The resolution relating to the holding of coroner's inquests was referred to a special committee of three, to wit: Dr. Semmes of Washington, Dr. Hyle, of Wilmington, Dr. Condie, of Philadelphia.

At half past one o'clock, the association, on motion of Dr. Davis, adjourned *sine die.*

American Medical Association.

We publish in the present number of the Journal a very full report of the proceedings of the Association at its recent annual meeting in Philadelphia. Our readers will perceive that in addition to the daily record of proceedings, we have included in our report the annual address of the President, and the and the address of Dr. Hays with the reply of Mayor Conrad, on the occasion of the reception of the members of the Association in *Independence Hall.* These have necessarily crowded out of this number much other matter that might have been deemed by some as of more *practical* value. But if we mistake not, these addresses will be read with much pleasure by all our subscribers. That of Mayor Conrad, particularly, is one of the most eloquent and appropriate addresses to which we have ever listened on any similar occasion. The recent meeting of the Association in Philadelphia, was in all respects one of the best ever enjoyed by its members. The number of members in attendance was very large, amounting to near 550, and representing very fully every section of the country except, perhaps, the extreme south-west. The reports and papers presented and read were as numerous and interesting as at any former meeting; and the proceedings throughout were conducted with the most perfect order and good feeling.

At no period since the day of its organization has the Association presented so good a prospect for a long career of prosperity and usefulness, as at the present time.

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ORIGINAL COMMUNICATIONS.

ARTICLE I.—*The Medicinal properties and use of Iodine.*—Read before the Æsculapian Society, May, 1855, by F. R. PAYNE, M. D, Marshall, Ill.

WE live in an age of improvement, at least one that surpasses all others in activity, enterprise, and innovation. Among these evidences of intelligence and industry, the Profession of Medicine is far from being in the back ground. Within the last few years we have had several valuable accessions to our Science, and we have every reason to believe that the spirit of inquiry which led to these discoveries will not die out when the present generation has passed away. My attention has for many years been directed to the Medicinal properties of Iodine, and the object of this paper will be fully attained should I be successful in eliciting a willingness on the part of my professional brethren (who are more highly favored than myself) to more thoroughly test the curative properties of this valuable remedy. It has been an agent that has long been known to exert a powerful and extensive influence on the animal economy, consequently we cannot at this time refer to all the indications for its use.

Perhaps no country practitioner has used it more extensively than I, and my suggestions are based upon my experience in the use of the remedy. Iodine in small doses is a tonic—it increases the appetite and improves faulty nutrition. It also exerts a powerful influence upon the absorbents and glandular system. Being satisfied that it possessed this power in an eminent degree, I have been induced to test its virtue in the cure of incipient phthisis pulmonalis. Many remedies have béen suggested for the cure of this formidable malady, but all in turn have been abandoned and the profession generally induced to believe that no remedy yet discovered could be relied on in the treatment of this disease.—Recently, however, there are found some eminent physicians who firmly believe that phthisis pulmonalis may occasionally, in one stage or another, be cured. If it can be successfully treated in one case, or even a spontaneous cure is effected, have we not reason to hope for a similar result in many cases. Should we be able to discover a remedy that will excite the absorbents to such a degree as to remove tuburculous matter—subdue the diathesis, and by so doing prevent the deposition of other tubercles, then will we have arrived at an important period in tho history of medicine,—then will thousands of the most gifted and beautiful of our race be saved from a premature grave.

As evidences of the curability of incipient phthisis pulmonalis, I desire to introduce a brief synopsis of two cases successfully treated with with Iodine.

Mr. L., age 64 years, on the 15th day of November, 1853, labored under the following symptoms: Pain in the breast referred to the apex of left lung, more or less cough, particularly when lying down and in the morning, expectoration of a tough mucus consistence, and but little thrown up, fever with regular exacerbations followed with night sweats, gradual emaciation without sufficient visible cause, appetite capricious,—patient had for some days been troubled with diarrhœa. The digestive organs did not perform their healthy functions. He was very ingenious in presenting arguments to convince me that his lungs were not seriously affected. He was able to be up part of the day, but could not endure much exercise.

The physical signs were such in connection with the rational evidence in the case, as to induce me to believe that it was an unmistakable case of incipient phthisis pulmonalis. At the apex of the left lobe of the lungs there was dulness on percussion; this condition was not found to exist in any other part of the lungs. The breathing was insufficient and coarse, there was a peculiar resonance of the voice, an abnormal click-like sound when he spoke or coughed, a kind of sound more easily imagined than described. Broncophony and bronchial respiration could be heard, and differed from that of health by being distinctly audible near the humeral extremity of the clavicle. With such an array of symptoms there seemed but little grounds for doubting the existence of tubercular deposits. But still the evidence was not absolutely certain, yet the symptoms could not be distinguished from those which have been characterized incipient phthisis, which, in hundreds of cases, have not been interrupted, but passed on through all the different stages of the disease to a fatal termination.

Without making known to him or his family the character of the disease, I directed

Pil. Hyd. grs. VI.
Opii " I.

to be taken at bed time. In a few days I directed the following mixture:

Comp. Syrp. Sarsaparl. ℥ III.
Tct. Iodine, ʒ III.

A teaspoonful to be taken every six hours. Directed the use of the nitro-muriatic bath four times per week. He was also directed to use a nutritious diet, boiled pork and eggs in moderate quantities. He continued to use the Iodine without interruption for three months, during which time I used occasionally a Dover powder or dose of morphine to procure rest. Several weeks passed without any favorable change in the symptoms, but rather an aggravation. The expectoration became puriform, streaked occasionally with blood, his feet became edematous. Notwithstanding all this the remedy was continued, and part of the time given in larger doses. About the first of Feb., 1854, the unfavorable symptoms began gradually to disappear, and by the 15th of that month, which was about three months after he commenced the use of the Iodine, the expectoration and cough ceased, and he was so much improved in every respect that the remedy was discontinued, and he is now a hearty man for his age, without any perceivable symptoms of phthisis.

Case 2d.—On the first day of June, 1855, Mr. W. called at my office for medical advice; he was 34 years of age, and engineer on the Wabash Valley Railroad. He had nearly all the rational symptoms enumerated in the preceding case, but the physical signs did not clearly establish the truthfulness of those symptoms. He had cough, hectic fever, emaciation, pain in the left lung, but it was in the middle lobe, or near the nipple, cough troubled him very much while lying down and early in the morning. But still there was but little dullness on percussion, there was but little morbid sound when he spoke or coughed. With such symptoms, my diagnosis was incipient consumption, although the evidence was not conclusive. I ordered the same treatment as in the first case, but in a few weeks the cough left, night sweats subsided. He is a small man, but in three months under the above treatment he gained twenty five pounds, and now enjoys good health.

I do not wish to be understood as pronouncing all cases of phthisis pulmonalis curable; facts will not justify such a conclusion. But that the disease has frequently been cured I do not entertain a doubt. The first and most important indication in the treatment of this disease is, to improve faulty nutrition. Codliver oil has gained much reputation in the cure of phthisis, but we incline to the belief that the virtue of this remedy may be attributed to the fact that it is easily assimilated, consequently its remedial effects are referable more to its nutritious than to its medicinal properties Dr. Williams, in his Principles of Medicine, says he has "for years referred tubercle to a deranged condition of the nutritive material. In many cases they are found disseminated in so many textures, after few or no symptoms of inflammation, that it is imposible to regard them otherwise than as the result of modified textural nutrition. Dr. J. A. Bennett, of Edinburgh, in a work recently published, says—"We are warranted in drawing the conclusion, that if during the advance of phthisis pulmonalis, those means can be discovered which check further tubercular exudation and keep the strength and nutritive process of the economy such tubercular exudations as have occurred, will be rendered abortive, and that even large ulcerations will heal up and cicatrize. The important point, practically, is to ascertain what these means are, and how they may be put into operation" M. Piorry read a paper to the French Academy of Medicine on the 24th day of January, 1854, in which he recommended Iodine inhalations for the cure of phthisis. He refers to thirty-one cases treated by inhaling the tinct. and vapor of Iodine, twenty of whom were benefited, seven apparently cured, and four deaths without any amelioration. Dr. Wood, in his practice of Medicine, speaking in regard to the curability of consumption, says—" I am not one of those who believe that phthisis is in all cases necessarily fatal.—On the contrary, I believe that in one stage or another, it is occasionally cured, or at least ends in perfect recovery." With such testimony before us, we hope no physician will be so skeptical in regard to the cure of phthisis, as to reject all curative treatment. If the disease is curable, the profession owes it to humanity to seek out the remedy.

In the cure of *dyspepsia*, that congeries of disease, the prevailing malady of civilized life, I have found Iodine far superior to all other remedies. It is admissable in any form of the disease not attended with inflammation of the stomach. I have used it in a great variety of cases, with the most salutary results. It is best administered in the following formula:

℞ Sang Canadensis,	ʒ I.
Podoph. Pil. Rad.	ʒ I.
Rad. Gentian,	℥ I.
Hondoms Sarsaparilla,	℥ I.

Put in one pt. water, boil to ½ pt., strain and add,

Tct. Iodine,	ʒ I.
Oil Sasafras,	gtt. XX.
Sach. Alba,	℥ III.
Brandy,	½ pt.

Of this mixture I give from one to two drms. three or four times per day. Some may suppose that the benefit is derived from the articles combined with the Iodine in the above mixture, but this cannot be the case, from the fact that when the Iodine is left out, the mixture is comparatively worthless. I have used this remedy in scrofulous affections, amenorrhœa, dysmenorrhœa, and chronic diseases of the liver and spleen, with unequivocal benefit. In *nursing sore mouth* Iodide Potassium is far superior to all other remedies. I have used it with extraordinary benefit in many cases.

Time will not permit me to extend these remarks further, but it is hoped the hints herein presented, will induce others more competent than myself, to test more fully the curative properties of Iodine in the treatment of the diseases to which I have referred.

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ARTICLE II.—*A Case of Injury of the Knee-Joint with Successful Recovery.* By WILLIAM WATSON, M. D.

March 23, was called to see T. B——, aged 10; found him with a transverse incision just above the patella of the right knee, about three inches in length. It commenced near the inner line of the tendon of the Triceps, extending downwards and outwards, having fractured the outer Tuberosity of the Tibia and severed the tendon of Triceps, laying open the knee-joint. By the contraction of the muscles the fractured bone was occupying the wound. The hemorrhage had been inconsiderable; having removed the coagula some synovia escaped from the wound. Upon replacing the fragment I found some difficulty in keeping it *in situ*. In order more effectually to do so and adapt the parts more accurately I placed two interrupted sutures in the divided tendon, taking care not to include more than one half the thickness of the tendon, having clipped one end close and brought the other out at the most dependent part. The wound was closed by interrupted sutures and adhesive straps, a roller being applied the whole length of the leg; it was placed on a long splint with the knee raised, (for this a fracture box was soon after substituted) and the whole was suspended so as to allow entire rest when the body was moved: cold water dressings were applied, and a dose of laxative medicine given to open the bowels.

24th and 25th. Saw the patient each day. No untoward symptoms have appeared; he has rested well and been entirely free from pain.

26th. Some inflammation and discharge, applied cold water freely.

27th. The inflammation has subsided, union by first intention having taken place to a considerable extent and the sutures in the integuments showing signs of ulceration they were removed; the tongue being coated and the bowels constipated. Gave pills of blue mass. and comp. ext. col.

28th to April 1st. The wound progressed favorably, no pain or irritation. The sutures of the tendon came away by slight traction on the 30th, (the 8th day.)

2d. Found the patient, having indulged too freely in amusement the previous day, knee swollen and painful, applied cold water freely with diaphoretics internally. The fever assuming an intermittent type yielded readily to antiperiodics.

6th. Saw the patient daily, he had been improving slowly, but to-day found it much swollen with a pulpy appearance of the wound; covered it with sub. mur. hydg., applied dry lint and firm compression to the upper part of the wound, by means of adhesive straps running lengthwise of the leg.

7th. The appearance of the knee much improved, the inflammation having subsided considerably. But the swelling remaining, and there being but little discharge a linen tent was introduced into the wound and the dressings continued.

8th. There has been considerable discharge, the wound looking healthy, from this time until the 14th it continued to improve, when the discharge became interrupted with a tendency of the matter to burrow among the muscles of the thigh and about the joint. The roller was reapplied firmly and readjusted as often as it became loosened, or there was any tendency to swelling, until the 25th, when it being nearly healed all dressings were removed except the roller which was continued some weeks to counteract the tendency to swelling of the joint.

The patient was discharged at the expiration of the fifth week, with the knee entirely healed and sufficient motion to allow about one half the usual extent of flexion without pain.

At this time, eleven weeks since the injury, the joint has recovered nearly the natural motion, and he walks with a scarcely perceptible limp.

ARTICLE III.—*Adherent Placenta, Profuse Hæmorrhage, Compression of the Aorta—Removed Recovery, &c., &c.* BY IRA E. OATMAN, M. D., of Sacramento City, California.

ON the 20th of March, 1855, I was called in this city to consult with a Doctor and a Doctress—the latter having the case in charge.

Mrs. R. æt. 30, of replete habit, has had some chronic disease of the vagina and perhaps cervix uteri, since the recession of a scrofulous eruption on the skin, some eight years ago. Although married many years, she never conceived until she arrived in California.

After a natural labor, she was delivered of a child at 5 o'clock A. M. The Placenta not coming away, there was considerable hœmorrage until 2 o'clock P. M., when it became profuse. At 3 P. M. the *Doctress* being alarmed, sent for the other counsel, who had me called at 4. I found the patient deadly pale, with livid lips, extremities cold and nails blue. She was "*so tired*," thirsty and vomiting, with syncope upon the slightest exertion. The hœmorrhage still continuing.

I urged the immediate removal of the placenta, as the only immunity from speedy death.

Consent being obtained, and the Doc*tress* and Doc*tor*, both declining the operation, I proceeded as follows: Placing the thumb as a safety valve upon the aorta, with the left hand well lubricated, I succeeded in entering the uterus, and in detaching and removing the placenta with the coagula. The uterus contracting but little, with the aorta still firmly held, I compressed the abdomen tightly with a thin bandage and covered it with ice. In thirty minutes the compression of the aorta was removed and no hœmorrhage followed. The case was safe!

The next day there was considerable reaction, with tenderness of the uterus and of the abdomen where the compression was made. She is having a slow but a safe recovery. Contingencies: 1st. It was difficult to compress the aorta on account of the corpulence of the patient; and, 2d. Eleven and a half hours having elapsed since the delivery of the child, the vulva was so irritable, that efforts to pass the hand produced syncope repeatedly,—so that it required gentle perseverance for fifteen or twenty minutes, to ensure success with safety.

I submit this case to show—1st. That the placenta can be safely detached and removed with the coagula, by using compression of the aorta; when the hæmorrhage incident to that operation without it would be fatal: and 2d. To show the insecurity of ladies during parturition in the case of women, who, though they may have the knowledge, have not the nerve to discharge the responsible duties of the accoucheur under all circumstances;—for, it is obvious in this case, that the placenta should have been detached and removed within an hour or two after delivery—before the hæmorrhage had jeopardized the life of an amiable wife and mother.

Sacramento City, Cal, April 10, 1855.

ARTICLE IV.—*Snake Bites—Treated by Brandy.* By J. R. THOMAS, of Monticello, Ind., April, 1855.

You will please pardon me for troubling you with a few remarks on the subject of snake bites. I have been practising in N. W. Indiana for some twelve years, and in this time have been called to visit many patients suffering from the bites of numerous kinds of poisonous serpents. My practice has been to cup the wound freely, if practicable; if not, use suction with the mouth. While operating in this way, I administer brandy, or proof spirits of any kind, in large and frequent doses, and recommend my patients to become intoxicated. if possible; and furthermore, I recommend the use of some mild cathartics. Never have I been compelled to visit my patients more than twice, and often only once.

In August, 1852, I was sent for in great haste to visit Mr. J. H. S., (Age 38 years, who stands six feet six in his stockings; who, by the way, was very fond of brandy,) who had just been bit on the inside of his left heel by a large rattle snake,—both fangs had been well inserted in the muscles. I treated him as above in 36 hours—wounds sound and well. I gave him in the short time alluded to, 1 quart brandy and 1½ gallons whiskey—all without any intoxication. He wanted more and I refused to supply his wants.

The next day Mr. H., his next neighbor, was passing along by Mr. J. H. S., and saw him with his pants rolled to his knees and barefooted, wading round in some weeds and grass feeling with his feet. Mr. H. asked him if he had lost anything. Answer —no sir. What are you doing there then? I am hunting a snake. There ain't any liquor only what Doc. Thomas has, and he wont let me have any unless I am snake bit, so I am hunting one.

REMARKS BY ED.—We publish the above not for any intrinsic value which it possesses, but because it affords an interesting example of the *strength* of a man's appetite for *strong drink* on the one hand, and a good specimen of the imperfect record of facts on the other. That any human being should have his nervous system so habituated to the stimulus of Alcohol, that he can take *one quart* of brandy and *one* and *a half gallons* of whiskey in the space of 36 hours, without intoxication, is only equalled by the fact that his appetite for the liquor should be so strong as to cause him to deliberately seek a rattle-snake bite for the sake of more liquor.

But the facts connected with Dr. Thomas's experience in the treatment in snake bites are so imperfectly stated as to destroy entirely their practical value. He reports uniform success with the internal administration of Alcoholic drinks; but he omits altogether to state, at what stage in the symptoms of poisoning he commences their use, or even whether any general symptoms of actual poisoning had occurred at all. To judge correctly of the efficacy of any particular mode of treatment, it is necessary to know the symptoms at the time the medicine is given; simply because it is well known that many such snake bites occur which result in no serious poisoning, when no remedies whatever are used. This fact alone renders the foregoing communication, desitute as it is of all details, comparatively worthless. We receive many such, and our present comments are not so much aimed at this particular paper, as at the frequent practice of *reporting* observations in general terms. The day has gone by for these loose generalizations,—Science requires both fullness and accuracy in all her observed facts.

ART. V.—*Report of a case of Scrofulous Caries of the Ilend, the Thigh Bone, in an Adult, Cured by Codliver Oil and Iodine Potassium.*

By J. R. Mills, M. D., Huntington, Indiana.

Professor Davis :—Dear Sir :—The following case is one in which I have felt a great interest, and I submit it to your disposal :

Mr. P. Wire, aged 23, scrofulous diathesis, was attacked about the 1st of February last with pneumonia, for which he was treated by Drs. H. and W., of Lagro, for some two weeks, at which time the pneumonic symptoms subsided; during this time he had suffered some pain in the hip and knee, but of not such severity as to attract much attention until about this time, when it seemed to be the whole difficulty. But the attending physicians considered it of no moment or consequence, and Dr. Sheets, a Uriscopean, and Leyman, an Alopathist, (the two constituting a firm in this place for the convenience and accommodation of people of different views,) were called to take charge of the case. There diagnosis was, "weakness of the nerves," their prognosis unhesitatingly favorable. After these professional ceremonies, and a few remarks on the indications of the urine, the patient was put upon the use of quinine and rhubarb—3 grs. of the former with 6 of the latter every three hours, with mustard to the knee. Such was the treatment for 5 or 6 weeks. During this time they never looked at the hip, in fact never saw it. At this time, 3d of April, I saw the patient, found the history of the case to be that this pain had come on during his first sickness, as before stated, and treated as before, with a gradual increase of weakness His general appearance indicated great prostration, with profuse night sweats, hectic flush of the cheek, diarrhœa. The diseased limb, flexed and proped up and bound to the opposite one, to prevent the shaking of the limb as the family walked over the floor,—could not bear the least motion of the knee, or the least pressure upon the Trocanter Major, in the direction of the Acetabulum without extreme suffering; while lying still, felt as much pain in the knee as in the hip. I found the Nates on the effected side drawn up, and the lame limb about ¾ of an inch the longer.

Such, in brief is the condition in which I found the patient on the 3d of April last.

The diagnosis was plain; that of scrofulous caries of the thigh bone,—it was at least my diagnosis. I am aware that it is a nice point to diagnose correctly in hip affections, particularly between this disease and chronic ulcerations of the cartilage.

My prognosis was not difficult, for it has always appeared to me, that to diagnose scrofulous caries, was virtually prognosticating the death of the limb, if not the patient, yet I will admit that Drs. may be mistaken,—such was the case in this instance. so far as prognosis was concerned.

I first directed my treatment for the profuse night sweats and diarrhœa, for some three days, when I put in a large seton, gave him Codliver oil in teaspoonful doses every 6 hours, and Iodide Potassium 3 grs. every 6 hours in solution—diet, beef or chicken tea, with perfect rest.

April 12th.—I found him much the same, with less disposition to sweat,—continued treatment.

April 20th.—Patient much the same, except, perhaps, some better appetite, diarrhœa stopped, some night sweats yet. Continued treatment.

April 30th.—I think some little improvement. The patient does not complain when they walk the floor, can move the ankle a little without pain, appetite better, night sweats better. Continued treatment.

May 9th.—I found him this morning evidently better in every particular, can straighten the well leg and support the other alone, and can give the knee some lateral motion, seton acts well, in fine spirits. Continued treatment.

May 20th.—Patient much better, was lifted into a chair yesterday, and sat up some time, every symptom improving.

May 30th.—Still improving, sitting up when helped out. Continued treatment.

June 6th.—Patient hopping about the chouse on crutches, with his leg flexed so the toes just touch the floor.

June 11th.—Patient still improving—out in the yard to-day—no pain in the hip. except the attempt to bear his weight upon the limb. I have left him on the use of the oil. The limb will always be crooked.

Huntington, June 12th. 1855.

ART. VI.—*Report from the Sanitary Committee*, Appointed at the Annual Meeting of Cook Co. Medical Society, held on the first Tuesday of April, 1855—General Observations—Cleanliness of the City—General Condition of the Good Health—Cholera, its connection with temperature and humidity—Tubercular Consumption, &c., &c.

THE resolution requiring the appointment of a Committee to report monthly on the Sanitary condition of Chicago and the progress of disease therein, was first adopted at the Annual Meeting of this Society in April, 1854. And though its reports were not made with perfect regularity, yet they presented a connected history of diseases in the city during the year, and seem to have been of sufficient interest to cause a renewal of the Committee for another year. There having been no meeting of the Society on the first Tuesday in May, the present report will include two months, from the first of April to the first of June inclusive.

Having been absent from the city part of this time, I must rely more than usual upon the observations of others, and can only speak in general terms of the meteorological phenomena of the last two months. With the exception of two or three days during the third week in April, the temperature has been unusually low, so much so as to retard much the progress of vegetation, and cause the spring to be denominated an unusally backward one. There has been less than the average fall of water during the two months and the atmosphere has been more dry than usual. Almost all our rains, too, have been followed by a clear, cold, and dry atmosphere. In all these respects the past two months present a marked variation from the same period in 1854. (See report to this Society, published in the N. W. Med. and Surg. Journal, June, 1854.)

In regard to drainage, cleanliness of streets, and general sanitary regulations, the city remains in substantially the same condition as during the two past years. I cannot learn that the period under consideration has been marked by the prevalence of any particular form of disease, but on the contrary, all concur in representing the general health of the city as having been very good. The city sexton reported the whole number of deaths in April to be 105, and in May 90.

This, for the latter month especially, presents a ratio of mortality more than 50 per cent. less than for the corresponding month last year, and corresponds closely with that for May, 1853, when the city enjoyed a remarkable degree of good health during the entire year. I have been able to learn of but one well authenticated case of cholera, during the past two months, and that occurred in the person of a sailor who had come up the Mississippi River direct from New Orleans, and who was attacked before he reached the city. The symptoms were characteristic and strongly marked, and the case proved speedily fatal. The patient on his arrival was received into a boarding house on Kinzie st., where he was in contact with several other persons. No other cases occurred at the place either then or since.

For the facts in this case I am indebted to Dr. De Laskie Miller, under whose observation it occurred. It occurred on April 28, about the same time that the disease broke out on boats crowded with emigrants on the Upper Mississippi River; and I place it on record as an item that may be of importance hereafter. The philosophical physician, who is ever searching for the causes of disease, whether exciting or predisposing, will not fail to compare the months of May, 1853–4–5, with much care and interest.

In every visible particular the population and general sanitary condition of our city presented the same aspects during the month in each of the years named. And yet during the first and the last the population of our city enjoyed unusually good health, while during the intermediate one was developed the beginning of one of the most severe epidemics to which our city has ever been subjected. Those members of the Society who have attentively noted the meteorological character of the several seasons named will not be at a loss for an adequate cause to explain the difference. The observations made on an extensive scale by the Smithsonian Institute, as well as those gathered from private sources, showed that the spring of 1853 was characterized by an atmosphere containing less than the average amount of moisture, and was throughout the country accompanied by a low ratio of mortality. From personal observations concerning the condition of the atmosphere during the spring and summer of 1854, I was enabled to report, from time to time, to this society, the fact that the atmosphere from early in April to the latter part of summer, contained more than the ordinary degree of moisture, often indeed amounting almost to saturation, and that there was a very close relationship between the degree of atmospheric heat and moisture combined, and the prevalence of cholera. At the recent annual meeting of the American Medical Association, a very interesting and elaborate report was made by Dr. S. B. Hunt, of Buffalo, on the agency of meteorological changes in the production of disease, in which he pointed out the same relationship as being distinctly visible during the prevalence of cholera in that city in the summer of 1854. I have called attention to this subject now, not for the purpose of entering upon any detailed investigation, but to excite if possible a larger number of members to make daily memorandums both of atmospheric conditions and the prevalence of disease. It is as necessary to do this during seasons of good health as during those characterized by the unusual prevalence of disease. Otherwise the elements of comparison cannot be obtained with that fulness necessary to ensure accuracy of deduction. Again, I have stated, as an exception to the general low temperature of the two past months, that two or three very warm days occurred during the third week in April. The warmest of these days were the 17th and 18th of April, when in this city the mercury rose to 86 degrees F. As near as I have been able to procure dates, it was during this and the following week that the cholera appeared suddenly and fatally on several boats on the upper Mississippi. Being absent from the city at the time I made no note of the atmospheric moisture during that period. If any member of the Society possesses knowledge on that point, he would confer a great favor by reporting it.

Of the 195 deaths which have occurred in the city during the last two months, 35, or more than one sixth of the whole, are reported to have occurred from *Consumption*. We thus see, here, as almost everywhere else in christendom, the ravages of a disease which, though accompanied by none of the terrors incident to the raging pestilence, yet annually carries more victims to the grave than cholera and yellow fever combined. And I allude to it now solely for the purpose of earnestly soliciting each member to note down the following inquiries, and carefully procure answers to them in reference to each case that may come under observation during the coming six months at least:

1st. Are there traces of hereditary tubercular influence?

2d. At what age did the patient show symptoms of tubercularization?

3d. Was the patient accustomed to eat *fat meat* of any kind after the age of ten years, and if so, to what extent?

4th. Was the patient accustomed to use alcoholic drinks, either fermented or distilled, at any period of life and to any extent, and if so, of what kind?

5th. Since the full development of the disease, has the patient used either alcholic drinks or Cod-Liver Oil as remedies, and if so, with what effect?

Carefully elicited answers to these queries, obtained from a large number of cases and by different members of the profession, might lead to valuable deductions.

Some of them have been suggested by the doctrines inculcated in a paper read before the last annual meeting of the American Medical Association, by Prof. Charles Hooker, of New Haven. Con.

The general idea inculcated by Dr. Hooker, seemed to be that the tubercular diathesis consisted in a defective assimilation of carbonaceous matter, especially that in the form of oils or fat meat. And he made the general statement, that persons who were in anywise disposed to scrofulous or tuberculous disease, and who did not acquire a good relish for the daily use of fat meat before the age of fifteen years, generally died from consumption before 35 years. It is also well known, at the present time, many appear to regard the use of alcoholic liquors as more or less efficacious in counteracting the tendency to tubercular disease. So far as I can learn, all these ideas in regard to alcohol, the oils, and other carbonaceous matters, are founded on no definite or positive data, and consequently are nothing more than vague individual opinions or hypotheses

ART. VII.—*The Pathology of Fevers; or observations critical and experimental in reference to the nature, varieties, causes and treatment of Fevers.* By N. S. Davis, M. D., Prof. of Pathology, Practice, and Clinical Medicine in Rush Med. College: member of the Amer. Med. Association, &c., &c.

CAUSES OF FEVER.—(*Continued from January Number.*)

If after from five to ten hours fasting, the bulb of a delicately graduated thermometer be inserted under the tongue, with the mouth closed around it for ten minutes, and the same thing repeated an hour after taking a full meal of digestable food, the temperature will be found increased usually to the extent of 1° or 1°5; I have sometimes found it elevated two degrees of Farenheit. It is only a few hours, indeed, since I had an opportunity to put to the test the correctness of this assertion. Having been compelled by professional engagements, to go without food or drink for 18 hours, I found the temperature, indicated by the thermometer, under the tongue to be 97°5, and an hour after dinner, with which a single cup of coffee was drank, the temperature had risen to 99°3, being a fraction less than two degrees.

My experiments on this subject have shown that the temperature of the system increases in proportion to the rapidity of digestion, until that process is nearly completed, when it again begins to decline, and continues gradually diminishing until it reaches the minimum for the healthy individual. This affords a satisfactory explanation of the fact which has long been known, viz: That the same individual will resist the influence of severe cold much longer when frequently supplied with nutritious food, than when the supply is scanty or entirely cut off. This increase of temperature during digestion may also explain the fact, now pretty well established, that the blood of the vena porte is generally an appreciable degree warmer than either the venous or arterial blood in other parts of the system. Different experimenters have reported different results in regard to the comparative temperature of different internal organs and structures; some claiming that the highest temperature is in the left ventricle of the heart, others in the right, and others again, that it was in the pyloric orifice of the stomach, the mesentery, and the vena porte.

May not most of these diverse results have been owing to the experiments having been performed at different periods of time after the taking of food?

The facts here developed in reference to the influence of digestion on the *temperature* of the system, fully explain the reason why long fasting or insufficient food so greatly increases the tendency to disease among bodies of men exposed to low temperature, while others exposed to the same degree of cold, but well fed, suffer very little, or none at all. Experience long since demonstrated the fact that in highly malarious districts, those who go out into the fields in the morning *fasting*, are much more liable to an attack of ague, or malarious disease, than those who, though they go out at an hour equally early, uniformly take their breakfast first. The experiments which show that after the long fast of the night the temperature of the body is from one to two degrees lower than after breakfast,afford a satisfactory explanation,inasmuch as the organic actions and vital forces may be regarded as suffering the same depression as the temperature. Another mode by which insufficient nourishment acts as a cause of general fever, is by its alteration of the primary structures, and consequently also of the elementary properties with which these structures are endowed. As all the tissues are constantly undergoing change, the first effect of insufficient supply of nourishment, is to destroy the equilibrium between the nutrition and disintegration. The latter predominating, causes one set of particles to be removed more rapidly than new ones are furnished to fill their places, thereby rendering the very organization of the tissue defective, and lessening what I have styled its tonicity. Again, the same defective supply of nourishment by altering the relative proportion of the nutritive constituents of the blood, would alter in some degree also the mental affinity between the blood and the several structures of the body. This altered affinity or relation of the blood to the primary structures,combines with the impairment of textures, to induce,not the sudden developement of active febrile or other morbid phenomena, but the gradual depression and final failure of the functions of the animal economy. Thus the mind becomes inactive and desponding; the muscular action weak and inefficient; the capillary circulation enfeebled; and the secretions diminished. This state is often seen in what is styled the *forming* stage of Typhoid Fever, especially among immigrants, and the poorer classes in large cities; and may continue from one to three weeks before the more decided febrile phenomena are developed. That defective nutritive material in the blood and consequent alteration of the relative proportion of its constituents is capable of altering the mutual action between the blood and the secretive structures, is plainly shown in the effects of excessive losses of blood. When a considerable quantity of blood is lost, a rapid absorption of water replaces the requisite bulk in the vessels, but leaves the relative proportion of solid constituents diminished for a much longer time. Patients in such a condition often exhibit not merely muscular weakness, coupled with nervous susceptibility, but they exhibit equal impairment of all the secretory processes. We find deficient moisture in the mouth, torpid bowels, scanty urine, dry skin, and sometimes so much inaction in the liver as to allow the coloring matter of bile to render the patient jaundiced over the whole surface; and all our efforts to remove these defects in secretory action fail, until the natural proportion of the nutritive constituents of the blood is restored.

It is not probable that decided febrile action often arises from the *direct* influence of deficient nourishment. But when such deficiency has induced that impairment of tonicity and vital affinity already described, the consequent failure of the secretory functions generally soon result in the accumulation of an excess of effete matter in the system, which, acting upon the previously impaired organic properties, rapidly induce those perverted actions which constitute the common phenomena of the lower grades of fever. In practice, we seldom find deficient nourishment acting *alone*, as a cause of disease. It is almost always associated, either with excessive exercise, defective clothing, or impure air; and often with all these combined.

The effects of prolonged and undue physical exercise, are not very unlike those produced by deficient nourishment. The exercise or natural action of any tissue, is well known to facilitate both the circulation through and the organic changes in the tissue itself. Hence, when such exercise is only regular and moderate it simply favors healthy nutrition; but when too severe or too prolonged it causes the waste of matter from the tissue to predominate over that of supply by nutrition, and the result is an impairment of texture and functions with all the more remote consequences previously described. And it is well known that muscular exercise may be so prolonged as to entirely exhaust the susceptibility of the fibre, and render it incapable of further contraction. The same is true of the involuntary as well as the voluntary system of muscles. Thus, the animal long pursued in the chase, not merely exhausts his voluntary muscles, but sometimes drops dead from the failure of susceptibility and contraction in the heart itself. Soldiers on long and rapid marches, and in the midst of protracted engagements on the battle-field, sometimes die from the same cause. The danger of producing serious consequences from over exercise is greatly increased if accompanied by mental depression, anxiety, or fear.

Much has been written on the *Mind* and its alleged mysterious connection with the body, and yet the influences of its various conditions in favoring or retarding the development and progress of disease is but imperfectly appreciated. All know that, as a general rule, a cheerful, placid, and hopeful condition of mind gives rise to a free circulation, active innervation, and healthy nutrition; effects which tend strongly to counteract the development of morbid action in any part of the animal economy. Hence, individuals enjoying habitually these qualities of mind, are both less liable to attacks of disease, and more likely to recover when attacked, than almost any other class. For the same reason they are apt to live much beyond the average duration of human life. While such are the happy influences of cheerfulness and hope on the physical system, excessive hilarity habitually indulged favors nervous excitability, and joy sometimes excites the heart to inordinate contractions, inducing dangerous congestion if not sudden death. On the other hand, despondency, grief, and fear, directly depress or lessen all the elementary properties and functions of the physical system. Under their influence the heart acts feebly, the capillary circulation is less active, respiration is slower and less full, while the whole muscular system is relaxed and feeble. When these mental conditions are strongly marked and long continued, they may so far impair the various functions of the body, as to develop a form of slow nervous or typhoid fever, without the intervention of any other cause. And they at all times greatly increase the predisposition or susceptibility to disease. Thus it is well known that in every season of pestilence, the timid, the desponding, and anxious ones, are far more liable to an attack than those of an opposite mental temperament; and for the same reason they are less likely to recover under the use of the same remedial agents.

These influences of the mind over the body are no more mysterious than any of the other phenomena of life. The brain and nerve tissue, like all other living organized matter, is endowed with its own susceptibility, and the emotions and passions of the mind, as well as the outward objects acting through the senses, are so many excitors or agents capable of exerting as direct an influence on the properties of the brain, as the air does on the lungs or the blood on the heart. Hence, pleasant or exhilerating emotions and impressions increase the susceptibility and tone of the brain or nerve structure, in the same manner that well oxygenated blood increases the susceptibility and contractility of the muscular structures, both voluntary and involuntary. And impure or deficiently oxygenated blood does not more certainly fail to maintain the normal condition of the elementary properties of the muscular structures, than do the saddening emotions and impressions of the mind to preserve in full force the same properties of the brain.—If this be true, and we keep in mind the physiological relations of the brain and nervous centers to all the movements which take place in the system, whether voluntary or involuntary, we shall find no difficulty in conceiving why an emotion or sensation which directly depresses the elementary properties of the brain, should also relax the sphincters, render the muscular system feeble and agitated, and diminish the action of the organs both of circulation and respiration. A knowledge of this subject is of much importance to the practicing physician; for when rightly understood, the various mental conditions furnish as valuable prophylactic and remedial agents as any of the articles of the Materia Medica.

Impure Air.—The term, impure air, so generally urged as a cause of febrile disease, is very indefinite. In its general sense, it includes all conditions of the atmosphere, characterized by the addition of anything to its natural constituents. It is more commonly, restricted,however,to those conditions of the atmosphere produced by the diffusion in it of the excrementitious matters emanating from the living animal body, and the various products arising from the decomposition of the refuse vegetable and animal matters which always accumulate more or less in cities, and all places where many persons are congregated on a small space of ground. The first class of impurities, namely, those arising directly from the living body, become efficient and active as causes of fever chiefly when concentrated in dwellings and lodging rooms, and are consequently derived mostly from the lungs and skin.

The first, as is well known, eliminates from eight to twelve ounces of carbon in the form of corbonic acid gas, every twenty-four hours, and the latter from twenty-five to thirty ounces during the same period of time; making the aggregate daily elimination from the skin and lungs of a healthy adult more than 40 oz. per day. Nearly all this matter escapes in the form of gasses and aqueous vapor. It consists chiefly of carbonic acid gas, aqueous vapor, and saline matter; but in all cases there is intermixed a sufficient proportion of *animal* matter to be capable of undergoing decomposition or putrefaction. According to the analysis of Mr. Ancell, of London, the amount of *animal* matter contained in the elimination from the skin and lungs of a healthy adult during 24 hours, averages about half an ounce. Nearly all of this is connected with the aqueous vapor and saline matter which escapes through the cutaneous surface. Taking these data as the basis of estimates, it is not difficult to compute the impurity which would be communicated to any limited amount of atmospheric air by a given number of persons. Dr. Joseph M. Smith, of New-York, in an interesting report made to the American Medical Association, in May, 1850, computed the amount thrown off by a family of ten adult persons, within their own dwelling, as follows, viz:

"Let us suppose a family, of which there are hundreds of examples, consisting of ten adult persons, dwelling in a small, ill-ventilated house, and negligent of personal or domestic cleanliness; and further, that the time severally passed within doors by the ten individuals, some of whom are constantly at home, while others are temporarily absent, amount in the aggregate to twelve hours out of every twenty-four. The mass of effete matter thrown out by the lungs and skin, by such a family within their dwelling, in one month, is 500 lbs.; in six months, 3033 lbs. 4 oz.; and in one year, 6083 lbs. 4 oz. Though by far the greater part of these excretions consist of carbonic acid, water, and salts, yet the quantity of ejected *animal* matter is not inconsiderable. It amounts in one month to 6 lbs. 3 oz.; in six months to 37 lbs. 11 oz.; and in one year to 76 lbs."

Again the same writer says:—"Instead of a hypothetical example, let us select one which is reported as actually existing.—'In one of the *cul-de-sacs* in the town of Leeds, there are thirty-four houses, (described as impure and ill-ventilated,) and in ordinary times there dwell in these houses 340 persons, or ten to every house. It is probable that of the 340 persons who ordinarily occupy the thirty-four houses some are children; yet, though this may be true, the occasional itinerant lodgers doubtless make the number residing in each house throughout the year equivalent to ten adult persons. Now if the cutaneous and pulmonary excretions of one adult be 40 oz. per day, then the 340 adults discharge from the lungs and skin within their dwellings, in the half of one day, or twelve hours, (assuming that this is the average of the time passed severally by the whole number in their houses,) 566 lbs, 8 oz, and in the same proportions, in one month 17,000 lbs.; in six months, 103,133 lbs. 4 oz.; and in one year, 206,-833 lbs. 4 oz. It is said there were removed from the place in which the houses in question are situated, during the days of cholera, 75 cart loads of manure—a quantity, allowing each cart load to weigh 1200 lbs., not equal to half of the amount of materials eliminated from the skin and lungs of the 340 persons, within the thirty-four houses, in one year.

If we now calculate the amount of *animal* matter cast out from the 340 persons, in the half of each day, it will be found to be 7 lbs. 1 oz.; and, in corresponding proportions for each day, in one month, 212 lbs. 5 oz.; in six months, 1289 lbs, 6 oz.; and in one year, 2585 lbs. 5 oz.; this last amount being more than two cart loads, each of the weight above mentioned.'"

The reader will easily perceive by these estimates, founded as they are on many carefully performed experiments, that the effete matters passed off in the form of fœces and urine, constitute really but a minor part of what is daily discharged from the system. It is true that of the large quantity thrown out from the skin and lungs, the greater part is in that gaseous or æriform state which causes it to become rapidly diffused, in the atmosphere, and too much diluted to produce evil consequences. Still it will be fully apparent, that when houses are over crowded, or situated in narrow streets, with obstructions to the free circulation of air, or when lodging rooms are small and imperfectly ventilated, even the more diffusable gaseous exhalations, such as the carbonic acid, are accumulated to a degree highly deleterious to health. But the animal matter, the greater part of which is eliminated in connection with the aqeous vapor from the skin, is much less likely to undergo rapid or complete diffusion in the air. Some of it is always retained in the clothing which covers the body, and much of that which actually becomes diffused in the dwellings and lodging rooms along with the vapor, is condensed and becomes attached to the furniture and walls of the apartments, where it may remain until decomposed or chemically changed. It is this effete animal matter, more than any other excrementitious matter of the system, which, if not positively poisonous when eliminated, is always liable, when suffered to accumulate, to undergo further changes, by which those virulent animal poisons are generated that give rise to the more malignant forms of typhoid fever, dysentery, and erysipelas.

And it is only on the supposition that these poisons, when once generated, are capable of becoming attached to the walls of apartments, and furniture, that we can account for the fact sometimes observed of the occurrence of the same disease in the successive tenants of particular rooms, while others perhaps in the same building are entirely exempt. Many examples of this kind are on record; some in which rooms made entirely vacant during several months after typhus fever had occured in them, yet when re-occupied, the same disease again attacked the inmates.

MEDICAL NEWS.

Proceedings of the Æsculapian Society.

The Æsculapian Society met at the 1st. Congregational Church in Marshall, Ill., on Wednesday, the 16th day of June, 1855, Dr. Washburn in the Chair. About forty members attended the meeting. One of the censors being absent, Dr. Thompson was appointed to fill the vacancy.

The reading of essays being in order, Dr. F. R. Payne read a paper on the Medicinal properties and use of Iodine, which was discussed at some length. Dr. Eaton being present was on motion invited to take a seat with the members of the society. The report of the censors being favorable, the following gentlemen were unanimously elected members of the society: Drs. W. D. Craig and J. R. Willet, of Georgetown, Ill.; Dr. W. Leachman, of York, Ill.; and O. Q. Herrick, of Midway, Ill. On Motion of Dr. F. R. Payne—

Resolved, That to become a member of this society, it will be required of each applicant to read and defend a medical thesis before the society, and pass a satisfactory examination before the board of censors. The society then adjourned to meet at half-past one o'clock P. M. Evening Session.

The committee appointed to revise the Constitution, By-Laws, and Code of Ethics, reported through their Chairman, Dr. York. After some amendments the report was adopted, and one thousand copies ordered to be printed, on motion of Dr. S. Thompson.

Resolved, That as the Constitution, By-Laws, Code of Ethics, published and printed in 1844, have been corrected and revised, and the new draught of the Constitution, By-Laws, and Code of Ethics of the National Medical Association now adopted, shall take the place of the old printed form; but this shall not abrogate any By-Laws or Resolutions on the record of this society.

D. J. D. Mitchel reported a case of complicated labor, with shoulder presentation.

Dr. York reported some interesting cases orally. Dr. Stormant read an able paper on the nature and treatment of Eclampsia.

The society adjourned to meet at half-past seven o'clock P. M.

EVENING SESSION.

At night the society met. A respectful audience had assembled to hear a public address. Dr. Richmond was introduced and entertained the company with a very able and interesting address on the rise and progress of medical science. He urged the importance of legalizing dissections, and post mortem examinations.—After the address the society continued in session.

On motion of Dr. Stormant—

Resolved, That the thanks of this society are hereby tendered to Dr. Richmond for his able address, and that he be requested to furnish a copy of the same to the committee of publication for the use of the society.

Dr. Richmond read an essay on Morbus Coxarius. The society adjourned to meet at 8 o'clock to-morrow morning.

MORNING SESSION.

The society met, and on motion of Dr. Logan, Drs. Hamilton and Washburn were added to the publishing committee.

On motion of Dr. Richmond—

Resolved, That a committee of three be appointed to draft a bill to legalize dissections in this State, and secure to physicians the privilege of importing subjects and dissecting materials from any commercial place where they can be legally obtained, and report to this society at its next meeting, whereupon the Chair appointed Drs. Richmond, Banks and Stormant said committee.

Dr. Hunt read a paper on the use of Calomel in which several cases were reported.

Dr. Washburn reported a case of puerperal convulsions, Dr. Hamilton reported a case of inversion of uterus. Dr. McClure presented some very important cases orally. Dr. McCord read an essay on "pneumonia," which elicited a very interesting practical discussion.

On motion of Dr. F R. Payne, Dr. S. W. Thompson was appointed to attend the State Medical Society.

On motion of Dr. McCord—

Resolved, That we, the members of this society, are in favor of the prohibitory liquor bill as presented to the voters of this state, believing that if it is adopted by the people, it will add to their health, longevity and morals. After an animated debate the resolutions passed. Society then adjourned to meet at half-past one o'clock P. M.

EVENING SESSION.

The following gentlemen were appointed to read essays at the next meeting. Drs. J. Ten Brook, W, D. Craig, L. C. Churchill, A. W. McClure, H. W. Davis, H. R. Payne, and Maxwell.

On motion, Dr. D. W. Stormant was appointed to deliver the next public address.

On motion of Dr. McClure—

Resolved, That we will patronize as far as possible those druggists who do not engage in the sale of patent medicines.

On motion of Dr. Hamilton—

Resolved, That the thanks of this socity are tendered to the trustees of the Congregational Church for the use of their house during the session of the society.

On motion—

The Secretary was instructed to forward a copy of the proceedings of this meeting to the Editors of Paris and Marshall papers, Greenup Tribune, North-Western Medical Journal, and Vincennes Gazette, and that they be requested to publish the same.

On motion, the Society adjourned to meet at Charleston on the last Wednesday in November next.

T. D. WASHBURN, M. D., President.

F. R. PAYNE, M. D., Secretary.

BOOK NOTICES.

Report of the Sanitary Commission on the Epidemic Yellow Fever of 1853, Published by Authority of the City Council of New Orleans.

The fearful epidemic of 1853 throughout the South, and especially in the ill-fated city of New Orleans, is still fresh in the minds of our readers. Its victims, many of them at least, were closely endeared to Northern hearts and Northern homes—too much so indeed to be soon forgotten.

During the summer, while the epidemic was raging with unparallelled violence, invading the most salubrious localities, and selecting its subjects from all classes of society, the attention of the city was thoroughly aroused to its sanitary condition. The Board of Health appointed the Hon. A. D. Crossman Mayor of the city, Drs. E. H. Barton, A. F. Axson, S. D. McNeil, J. C. Simonds and J. L. Riddell, to constitute a Commission, with instructions—

" 1st. To inquire into the origin and mode of transmission or propagation of the late epidemic yellow fever.

2d. To inquire into the subject of sewerage and common drains, their adaptability to the situation of the city, and their influence on health.

3d. To inquire into the subject of quarantine, its uses and applicability here, and its influence in protecting the city from epidemics and contagious maladies, and

4th. To make a thorough examination into the sanitary condition of the city, into all causes influencing it in present and previous years, and to suggest the requisite sanitary measures to remove or prevent them, and into the causes of yellow fever in ports and other localities having intercourse with New Orleans."

From a carefully kept meteorological table, the following propositions are, in the opinion of the Commission, demonstrated:

1. What are the several meteorological conditions of yellow fever

and cholera at the commence[illegible] maximum intensity and declination of these two diseases when existing in their epidemic grades.

2. In comparison, it shows that cholera exists in a greater range of temperature and humidity than yellow fever.

3. That these diversities constitute the pabulum for its support, so far as the mere climatic condition is concerned.

4 That a higher solar radiation and atmospheric pressure exists during yellow fever periods than during cholera. Although the atmospheric pressure under which these two diseases prevail are shown by this average table to be about the same, the barometer continuing at a permanently higher grade, more regularly and constantly in yellow fever than in cholera, yet in this latter the fluctuations are much greater; indeed, it is so under all its climatic relations, as is abundantly shown in the large detailed table, too extensive for this summary, of which this is a very condensed abstract.

5. That for the existence of yellow fever a higher range of temperature and of dew point for its commencement and maximum intensity, and that a declension of the former (temp.) to less than 70°, and the latter (dew point) to near 60°, puts a speedy end to its *epidemic* existence.

6. That a larger quantity of rain usually falls, on an average, during the existence of yellow fever than during cholera.

7. The "drying power" is more variable during cholera than during yellow fever

8. The average duration of epidemic yellow fever has been 58 33 days and the period [illegible] increasing, while the average duration of cholera has been [illegible] days, and the period increasing.

The [illegible] propagation of the [illegible] and McNeil

The [illegible] following:

That it has [illegible] origin:

That there [illegible] peculiar [illegible] capable of [illegible] and [illegible]

That there [illegible] and [illegible] and [illegible]

That [illegible]

the result of physical causes, and which it loses as soon as those causes are changed or disappear.

The second inquiry was committed to Dr. Riddell. This portion of the report is of very great local interest, but would interest but few of our readers, except those living in our larger cities. From our knowledge of the city of New Orleans, we are satisfied that the plan recommended by Prof. R., if carried out, would do much towards securing for the city at least a partial exemption from the epidemics which have so often swept over it, and which have carried away so many of its most active and enterprising citizens.

Dr. Simonds was charged with the third inquiry, embracing the subject of quarantine. We think a more careful analysis of the facts presented by the correspondence should have been made in reference to this subject. The writer of this portion of the report seems to believe in the contagiousness of yellow fever, although his language is rather indefinite—perhaps we should say cautious. He holds the following language, however, in reference ot the propriety of quarantine:

> As regards the propriety of quarantine, the Commission are unanimously of the opinion that a quarantine should be established. Even if of no use as to yellow fever, it will serve to keep out other diseases, equally, if not more, deleterious to our city and its inhabitants. It may prevent the introduction of diseases known and acknowledged by all to be contagious or infectious. It will prevent the introduction of moribund emigrants, and thus by diminishing the number of interments in our city, enable us to ascertain more certainly its degree of salubrity—which cannot be done at present, on account of the disturbing influence thereof. It will require all vessels to arrive in a cleanly condition, and consequently, by compelling the officers to keep their vessels clean during the whole voyage, extend its beneficial effects for weeks anterior to their arrival, and therefore, conduce to the comfort and salubrity of those passengers whose circumstances are such that they cannot protect themselves nor enforce those requirements which are necessary.

The section of the report by Dr. Edward H. Barton occupies the larger portion of the volume. We have not time to enter into an analysis of it, and if we had we do not know that we could give as correct an idea of its contents as will be gathered from the following resume:

1st. That the insalubrity of New Orleans, which has now continued for so many years—with some remarkable exceptions—is not natural to her, or *necessarily* incidental to her position; that it is the cause of the high price of everything, and the direct means of retarding her progress to prosperity, and which will continue to exist until effective measures are taken to remove it.

2d. That the direct and *inevitable* change of *climate alone*, is not the sole cause of the mortality of immigrants, but the union of the climatic with the terrene conditions under *different circumstances*, were the efficient agents in the destructive influence on each class of people as pointed out according to nativity; that man cannot become acclimated to the second cause, or terrene (filth, etc.) anywhere, and that the acclimation to our first cause (or atmospheric) would be trifling, if the conditions constituting it were so modified, as was clearly shown to be, in our power.

3d. We have endeavored to prove what were the CONSTITUENTS of the epidemic yellow fever of 1853, that they consisted of certain atmospheric and terrene combinations; that these causes, so far as we had the means of ascertaining, were confined to the limits of the fever district; that it began with these causes and ended with them, throughout the limits of the epidemic region, and that when these ceased, so terminated its influence on man.

4th. That one of these causes (the atmospheric) is more or less present here every summer, and that when the second (or terrene) exists in sufficient amount, an *epidemic* is the certain result, so far as near sixty years' experience will go to prove it; that this terrene condition is mainly composed of extensive disturbances, or upturning or exposure of the original soil of the country; that without this there has been no such epidemic, although between the occurrence of some of them long periods have elapsed; and that its ravages or malignity appears to have been pretty much in proportion to the extent of that disturbance.

5th. That for the existence of an *epidemic* a wide pervading atmospheric cause [illegible] an *epidemic disease cannot be imported* [illegible] cannot depend upon a *general cause* [illegible] derive its qualities from a [illegible] consequently not a contagious [illegible]

6th. That [illegible] of which from an [illegible] *contagion* was [illegible] lesser degree of the same [illegible] (filth of all kinds, and decomposing materials) with a lesser degree or intensity of the first or atmospheric constituent, were essential.

7th. That when these causes did not exist in a sufficiently high degree to produce yellow fever, intermittent, remittent, bilious, or other periodic fevers were the result, demonstrating by the clearest analogy that they proceeded from the same cause, and that they differed only in degree and intensity, a major amount of the very same materials being required to produce yellow fever, as a minor one does for bilious or periodic fevers.

8th. That all these fevers are produced from *local causes*, more or less extensive, and that the fevers, the result of these, were limited to these bounds, that these causes are well understood, and were extensively pointed out in detail, and wherever the epidemic *extended*, there were *causes to localize it*, that where these did not exist, the cases of the epidemic conveyed there did not extend, and that consequently, that all these fevers arising from bad air, are no more contagious or infectious the one than the other, the liability to them is limited to the bad or infected air and personal susceptibility; and finally, that these are *of the greatest importance in their practical bearing on sanitary measures.* And,

9th. That the temporary epidemic cholera, which occurred here early in December, it was shown, depended also upon two conditions, an atmospheric and a terrene; that the first of these was different from that required to produce epidemic yellow fever, although the second was believed to be the same.

From all which the following corollaries were deduced; viz:

1st. That an epidemic yellow fever in New Orleans, if produced by the causes stated in our third proposition, as believed, being known, is controlable, that is, *preventable.*

2d. That an endemic yellow fever, arising from the same or equivalent causes, as above, although in a lesser degree, can also be mainly, if not entirely controlled.

3d. That the causes of bilious or periodic fevers being known also, to arise from a smaller amount, or more diluted condition of the same circumstances, although more general and extensive, and more dependent on personal hygiene, it is in the power, as it is the duty of the civil authorities to mitigate, if they cannot entirely control them; and finally:

4th. That it was demonstrated, that by the proper application of curative measures, by the establishment of proper sanitary laws and police ordinances, rigidly enforced and effectually carried out, New Orleans can be made as healthy as any city in America; and that it was not only the interest of the city to accomplish these important purposes,—but that—

5th. A penalty could be as much enforced upon the civil authorities for neglecting the removal of conditions subversive of health and life, as for any purpose for which society was formed.

The Commission have spared no pains to do justice to the subject committed to their investigation. Circulars were sent to all persons whose opportunities of observation rendered it desirable to have their opinions on the *questiones vexatæ* connected with the epidemic.

The report, both in its manner and its matter, does credit to the Commission, and constitutes a valuable addition to our medical literature. J.

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NEEDS, Duties and Privileges of the Medical Profession. By John McCall, M. D., Utica, N. Y:

INTRODUCTORY Lecture to the Class of 1855, of the Medical Department of the University of Missouri. By J. R Allen, M. D., Prof. of Obstetrics and Diseases of Women and Children.

VALEDICTORY Address to the Graduates of the same Class. By Payton Spencer, M. D., Prof. of Physiology and Comparative Anatomy.

ANALYSIS of Blandon Springs. By Professors J. L. and W. P. Riddell, of the University of La., and Prof. R. T. Brumsby, of the University of Alabama.

THIRTY-EIGHTH Annual Report on the state of the Asylum for the Relief of Persons Deprived of the use of their Reason. Philadelphia, 1855.

THE first of these pamphlets, whose titles are given above, is a miscellaneous essay on physics and metaphysics, morals and religion, as connected with medicine.

The author thinks that "Something more of Positivity is needed in respect to the brain and nervous tissues"—an opinion in which all, no doubt, will coincide. He has evidently studied the French philosophy—is a great admirer of Mons. Auguste Comte, almost worships Gall, Spursheim and Combe, and is a firm believer in the mental and physical degeneracy of the present age. It is difficult to say what the author really thinks or believes in reference to our needs, duties and privileges. The essay, however, contains many excellent sentiments and some valuable facts, which it would be well for the younger members of the profession to remember.

The address of Prof. Allen has for its theme—Man as the subject of Medical Administration. The style and manner is good, and the matter excellent. We cannot forbear giving the following closing paragraphs, which contain the author's ideas of the province of medicine.

"What then does the contemplation of man in his medical relations, if I may so express it, involve?

It embraces, as we have said, an inquiry into his whole constitution, physical, vital, intellectual and moral.

It should view him in every relation into which this compound nature may bring him—it estimates the results of their action and reactions, in numbers yet uncounted, in variety and modes of action, in health and disease, uncalculated.

It includes the observation of disease in all its manifestations; a proper appreciation of the uniting sympathies of a complicated and heterogeneous, yet harmonizing, whole—it duly weighs the recuperative powers of the system; properly estimates the auxiliary powers of art, and decides upon the time to interfere—the remedial agents to be used, and the point at which we should forbear.

Who then is equal to the task? Certainly no one fully. Our faculties are limited. All we can do is to bring every light of science to converge upon the subject, all the maxims of experience to bear upon each case, to invoke the combined indications of all appreciable surrounding circumstances, and upon bases thus derived erect the indications of cure—and then to select from the vast resources of the materia medica and other sources such remedies as are presumed from a knowledge of their action, best to fulfill the end proposed; then leave results to a higher power than our own.

Thus, and thus alone, can we fulfill the implied vows which we take in entering the profession, and thus, and thus alone, will we, as enlightened and honest practitioners, secure the only applause of true value, that of heaven and our own."

The Valedictory Address by Prof. Spence, is devoted to a consideration of the laws of life and health as developed by mortuary and statistical tables. He concludes that in some sections of our country and in England the average duration of human life has rapidly decreased in the last thirty or forty years. This has been caused mainly by the increased mortality among children. The style and views of the author may be gathered in part from the following extracts:

"God does not take little children from our midst because they are too pure for earth; for by purity alone can this temple ever be purified. Nor does he take them because fathers and mothers are too fond of them; for parent and child are magnets of his own wondrous making, that must ever be drawn to each other by a natural law, which death itself cannot repeal; though death may test its strength, and draw out the sympathies of the living in that strange, bewildering, agonizing search of the kindred spirit that has departed—of the little magnet soul that still attracts—but whence, or how, or whither, the bereaved heart knows not, but only feels its tendrils radiating and stretching out into that deep, dark void of unfathomable mystery—the home of the spirit.

But children die, because fathers and mothers, the proximate and remote progenitors have sowed the seeds of premature death in their systems, and because fathers and mothers and society have not placed them under good hygienic conditions, and fed, clothed, and watered them in obedience to the demands of health. If God sows, he will most assuredly reap. But there is no truth more evident than this, that the harvest of death among children may be and should be diminished by properly directing human efforts."

The last part of the address proposes the remedies for the evils, which are, according to the writer—

First. The awaking in the public mind of a deep and permanent interest on the subject of hygiene and medicine.

Secondly. The diffusion of more perfect knowledge concerning the laws of health, and the relations of the living organism to the external world. The proposed results of this is the prevention of a large number of diseases, and the consequent saving of many lives.

The analyses of Professors Riddell and of Prof. Brumsby, show that the Blandon springs are *alkaline and alkaline sulphuretted*. They have been a favorite resort during the summer months, and we have no doubt but that they may have a happy influence in establishing the secretions which become so often arrested by the malarious influences of the region of the Gulf of Mexico.

The report on the state of the Asylum for the relief of persons of unsound mind, shows the institution to be in a flourishing condition. During the year ending the first of April, there were admitted, forty-two; remaining on hand April 1st., 1854, fifty-seven —making in all ninety-nine patients during the year. Discharged or died, forty; remaining April 1st., 1855, fifty-nine.

Of the forty discharged, seventeen were restored, three much improved, seven stationary, eight died.

Of the fifty-nine remaining, there are restored, three; much improved, two; improved, fifteen; stationary, thirty-nine.

The provisions of the present age for the cure and treatment of the insane are comparatively good, but not equal to the wants of this unfortunate class of community. All of our Asylums are crowded. In our own State of Illinois there is an urgent demand for increased accommodations, and we are glad to know that at the last meeting of our State Society, a Committee was appointed to memorialize the Legislature on that subject, and also upon the question of making some provision for Idiots. J.

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A PRACTICAL Treatise on Foreign Bodies in the Air Passages. By S. D. GROSS, M. D., Prof. of Surgery in the University of Louisville, etc., etc., with illustrations. Philadelphia: Blanchard & Lea. 1854.

The work of Dr. Gross is a valuable contribution to statistical surgery. The author has carefully analyzed the cases that have been reported from time to time in the public journals, and in addition has reported about fifty original cases. Bronchotomy is recommended as the only reliable means of removing the foreign body. This should be resorted to as early as possible, unless contra-indicated by special conditions. We have no doubt in our own mind but that this operation often fails from having been delayed until the inflammation of the air passages has become too extensive to admit of recovery. We think this is the reason why tracheotomy for croup has so often been followed by unfavorable results. The work is valuable for reference, and is well worthy of a place in the library of every physician and surgeon. J.

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A PRACTICAL Treatise on the Diseases peculiar to Woman, illustrated by cases derived from Hospital and Private Practice. By SAMUEL ASHWELL, M. D., etc. Third American from the third and revised London edition. Philadelphia: Blanchard & Lea. 1855.

The work of Dr. Ashwell has been in the hands of the American public for some years, and it is unnecessary for us to do more than to announce its re-issue from the press of Messrs. Blanchard & Lea. We consider it one of the best works on that subject, and so we presume do our readers, at least that portion of them to whom its pages are familiar. To those unacquainted with it, our advice is, buy it and READ it. J.

EDITORIAL.

To our Subscribers:

When the business department of the Journal passed fully into the hands of the undersigned, at the commencement of the present volume, he promised to make its publication *regular* on the first of every month, and, provided the subscribers would pay up promptly, to improve its whole mechanical and typographical appearance. The first of these promises he has fathfully redeemed, the Journal having been published and mailed regularly during the first few days of each month; and with the present number he commences a very marked improvement in other respects.—The subscribers, however, have hardly done their part. For though more than half of the present volume is now published, yet not *one-third* of those whose names stand on our subscription book have paid for the present year; and there are two or three hundred who have not been credited a single dime during the last *three years*. Such a condition of things ought never to exist. It is unjust to all parties concerned, and is generally the result of simple individual carelessness and procrastination. Two dollars a year is a very small sum, and, of itself, not worth the trouble of collection; but *two* dollars due from each of 1000 or 1100 subscribers, constitutes a sum of very great importance to the publisher of a Journal who is paying the money every month for paper, printing, binding, &c., &c. It is hoped that this simple statement will be sufficient to cause every subscriber who has not paid already, to send along the money immediately.

Bills will be sent to some of those indebted to us, in the present number of the Journal, and to the remaining ones in our next issue. If any receive *bills* that they consider incorrect, they will confer a favor by informing the undersigned without delay, and all errors will be promptly corrected. It will be remembered that those who are in arrears for past volumes, are liable for $3.00 per annum.

All letters should be directed to N. S. DAVIS, Chicago, Ill.

Illinois State Medical Society.

This Society held its regular annual meeting on the first Tuesday and Wednesday of June, at Bloomington. About forty members were present, the greater part of whom were from the northern and middle sections of the State. At 10 o'clock A.M., on Tuesday, the society was called to order by Dr. C. N. Andrews, the President; and Dr. A. H. Luce, chairman of the Committee of Arrangements, reported the names of those delegates who had presented their credentials. After the usual preliminary business, the following officers were elected for the ensuing year, viz.:

PRESIDENT:

DR. N. S. DAVIS, of Chicago.

VICE-PRESIDENTS:

Drs. F. A. McNEIL, of Mount Morris, and H. NOBLE, of Leroy.

SECRETARIES:

Drs. A. H. LUCE, of Bloomington, and E. ANDREW, of Peoria.

TREASURER:

Dr. J. V. Z. BLANEY, of Chicago.

During the continuance of the annual session, reports were made by the Treasurer and Committee on Publication; by Dr. J. W. Freer, of Chicago, chairman of the Standing Committee on Surgery; by Dr. E. Roe, of Bloomington, chairman of the committee on Practical Medicine; and by Dr. H. A. Johnson, of Chicago, chairman of the Committee on Drugs and Medicines.

The report of Dr. Roe was chiefly occupied with the consideration of Typhoid Fever, and the efficacy of certain remedies in its treatment.

The reporter advocated the doctrine, that a very moderate alterative influence (or "slight salivation") from mercury was decidedly beneficial in the early stage of this variety of fever, and in many instances capable of arresting its progress. This part of the report led to a very interesting discussion, which was participated in by Dr. Roe; Drs Andrews and Clark, of Rockford; Dr

Prince, of Jacksonville; Dr. Rogers, of Peoria Co.; Drs. Bailey and McArthur, of Joliet; Dr. McNeil, of Mount Morris; and Drs. Herrick and Davis, of Chicago. As might be expected ,much diversity of sentiment was expressed in reference both to the nature and treatment of continued fevers. Only a few agreed fully with the chairman of the Committee in reference to the value of mercurials in this form of disease, while it was plainly evident from the whole discussion, that grades of fever widely diverse in the symptoms presented, in the tendencies observed, and in the results btained, have been grouped under the rather popular name of Typhoid Fever. It might almost be said that it had become fashionable to dignify every case of febrile disease, not profound typhus on the one hand nor a plain ague on the other, with the name of Typhoid Fever. Hence we not unfrequently have a protracted enteric fever and the simplest ephemera ranked in the same class. It is evident therefore, that until a more definite rule of diagnosis is established and generally adhered to, it will be vain to look for any approach towards uniformity of views in regard to the treatment of this important class of diseases.

Though that part of the report by Dr. Roe, relating to the prevalence of epidemics in the State, during the past year, was very defective, yet both the report and the discussion to which it gave rise, were highly interesting and profitable.

The report of the committee on Drugs and Medicines, was also listened to with much interest; and an allusion in it to the use of Iodine as an antidote to the poison of serpents, and the probability of its being equally capable of destroying all the animal poisons, led to the relation of some interesting facts by Dr. A. L. McArthur of Joliet.

He stated that by a Railroad accident near Joliet during the past year several persons were very severely burned. Some of these burns resulted in the formation of extensive suppurating ulcers, coupled with general typhoid symptoms. In several instances the pus from those ulcers proved highly poisonous, inoculating the hands of those who dressed the surfaces wherever there happened to be the slightest abrasion of the skin. The symptoms produced by such inoculation, were those of a severe phlegmonous erysipelas. In these cases the application of the solution of Iodine seemed to be promptly beneficial in destroying the poison. Dr. F. K. Bailey, witnessed some of the same cases, and coincided with the statements of Dr. McArthur. Dr. Roe, of Bloomington, expressed the opinion that Iodine is an effectual antidote to the poison both of syphilis and erysipelas.

On the afternoon of the second day, the retiring president, Dr. C.N.Andrews, of Rockford, delivered his valedictory Address. The subject was, "Medical Progress;" and it was treated in such a manner as to indicate a commendable degree of industry and research on the part of the author. We shall defer any analysis of it until we have it in printed form before us. The usual standing committees were appointed on Practical Medicine, Surgery, Obstetrics, and on Drugs and Medicines. Besides these, there were appointed several special committees, to each of whom was assigned a specific subject for investigation; which will doubtless add much to the interest of the next annual meeting. A committee consisting of Drs. D. Prince, of Jacksonville, J. V. Z. Blaney, of Chicago, and E. Roe, of Bloomington, was appointed to memorialize the next Legislature in favor of providing additional accommodations for the Insane, and for the instruction of imbecile and idiotic children.

Drs. W. B. Herrick, of Chicago, R. Rouse, of Peoria, and F. A. McNeill, of Mt. Morris, were appointed a committee on prize essays, with instruction to offer a premium of fifty dollars for the best essay on some medical subject. Essays designed as competitors for this prize, should be sent to the chairman of the committee on or before the first of April next. Twelve delegates were appointed to attend the next annual meeting of the American Medical Association.

The meeting throughout was characterized by an untiring devotion to its legitimate business, by the most perfect good feeling and social harmony, and will doubtless be remembered with pleasure by all who attended. Vandalia was selected as the place for the next annual meeting, which will be held on the first Tuesday in June, 1856.

Amputation Case.

[The following letters sufficiently explain themselves. We published the article of Dr. Higgins in the March No. of the Journal, because it was requested by the Lasalle Co. Medical Society. We now publish the letters as an act of justice and fairness to the other side. Our only object is, to do justice to all the parties, who are personally strangers to us.]—ED.

TRENTON, Lasalle Co., Ill.,
May 25, 1855.

To the Editors of the North-Western Med. and Surg. Journal:

GENTLEMEN,—In the March No. of your Journal, my attention was attracted to an article entitled "Amputation," signed J. Higgins, in which there is an evident design, at least it so appears to me, knowing as I do all the antecedents of both parties, to gratify petty jealousies and private spleen, and not as should be and I might say would be the case with an honorable man, professional or otherwise, for the benefit of science.

I am aware it is difficult for all to know the motives which actuate good men, much more bad ones; this probably may account in some degree for the publication of the article in your popular Journal. The writer is fully aware of the object of the Journal, and therefore begs leave to correct any erroneous impressions which may have been made by your admitting the statement of a few facts.

In the fall of 1852, at the request of the same J. Higgins, and upon representations made by him to me (which representations proved to be untrue), I succeeded in obtaining the reluctant consent of the same Doc. ——— spoken of in the amputation article, to enter into copartnership with him. Dr. Weeks, shortly after the union was effected, left for New York city to spend the winter in the hospitals; on his return in the spring, finding that he had been deceived, censured me not a little for misrepresenting J Higgins and his professional business. I undertook to apologize for J. Higgins, but this would not satisfy Dr. Weeks, who told me he could readily submit to pecuniary loss, but that he would not be associated with one whose conduct was as unprofessional and dishonorable as J. Higgins. He consequently compelled the said Higgins to dissolve the co-partnership. This last act of Dr. Weeks, together with his general good success, is the inception of the "Amputation" article. I send you with this a statement of the case certified to by Dr. Winslow. Yours truly,

C. TODD.

PERU, May 20th, 1855.

CYRUS TODD, Esq., Trenton.

DEAR SIR,—As you have read the article in the Chicago Medical and Surgical Journal, of March, signed "John Higgins, M.D.," and wish a statement of the facts in the case, I will give them as near as I recollect.

July 22, 1854, A. Odekirk, of Trenton, was injured in this city by a train of cars passing over the left leg, just above the ankle, as it laid on the rail. I was called soon after and found the leg completely crushed. I called to my aid, Dr. E. Winslow, (who Dr. Higgins says is the best surgeon in town). As amputation was the only thing to be done, we did that in the usual manner (for circular operation) only using the saw for beveling the anterior surface of the tibia, where the forceps are sometimes used for the same purpose. As the article states, an artery spirted blood in my face, I do not recollect—I *have* sometimes got bloody in operations. As to the length of time consumed in performing the operation, I do not know what it was, perhaps half an hour; one thing is certain, it was not hurried, and I have been taught that an operation "was done quick enough when done well." As to the protrusion of the bone, I have never heard of any such occurrence, only through the channel of the article alluded to. But as you know the author, and the probable motive for his appearance in print, I think a longer notice superfluous.

I remain, most respectfully your friend,

J. F. WEEKS.

The above is a correct statement of the case.

E. WINSLOW.

Professor of Surgery in the University of Pennsylvania.

It is known to many of our readers that Professor Daniel Brainard was a candidate for the Chair of Surgery in the University of Pennsylvania, recently vacated by Prof. Gibson. The final action of the Board of Trustees, together with the circumstances attending it, are fairly represented in the following extract from an editorial article in the June number of the New-Jersey Medical and Surgical Reporter. The editor of that journal, by his close proximity to Philadelphia and his intimate acquaintance with the facts of the case, entitle his remarks to full credit. The "personal considerations" and "other influences" spoken of by the editor, refer doubtless to the fact that the extensive family connections of Dr. Smith, (his father being also a member of the Board of Trustees,) exerted an influence in his favor aside from his mere professional qualifications and position While we fully concur with the Reporter in entering a "protest" against allowing any such influences to control appointments in Medical Colleges, and in favor of "public concours," we rejoice with the profession of the North-West, that we are still to have the eminent talents and efficient services of Professor Brainard, in Rush Medical College, for which he has already done so much. The following is the extract from the Reporter, viz.:

"At a meeting of the Trustees of the University, held on Tuesday evening, May 1st, Dr. Henry H. Smith, of Philadelphia, was elected Prof. Surgery, to fill the vacancy caused by the resignation of Prof. Gibson. The vote, we understand, stood eleven for Dr. Smith, nine for Dr. Brainard, of Illinois, and one blank.

Dr. Smith possesses qualifications which fit him in an eminent degree for the responsibile post that he is called to fill, and we hope that his election will be conducive to the best interests of the University. It is not to be concealed, however, that both the faculty, and the profession generally, were not a little disappointed at the result of the election, as, so far as we could learn, professional sentiment had accorded the chair to Dr. Brainard. If we are rightly informed, the latter gentleman was almost the Unanimous choice of the faculty, and was by them recommended to the Trustees. Personal considerations, however, and other influences, prevailed with the Trustees, rather than the wishes of the faculty.

We mention these facts in order that we may enter our protest against the growing propensity that Boards of Trustees have evinced, of late, to trample on the rights of faculties, and not out of opposition to the successful candidate. Personal considerations should have *nothing to do* with such elections, but the candidate whose professional and moral fitness commend him, should be the uniform choice of the Trustees, who should, in the absence of the only just system of election, viz: public concours—ever have a regard for the wishes of the faculties.'

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Rush Medical College:

It will be seen by the Annual Announcement of this College, which is issued with the present number of the Journal, that some changes and additions have been made in its faculty, and some very important improvements in regard to a College edifice.

The chair of Physiology and Pathology, vacant during the last three years, has been filled by the appointment of Wm B. Herrick, M. D., who has been for many years Professor of Anatomy and Physiology in the same school.

The chair of Anatomy, made vacant by the transfer of Professor Herrick, has been filled by the appointment of J. W. Freer, of this city, who has filled the place of Demonstrator and Lecturer on Descriptive Anatomy during the last four or five years. The chair of Materia Medica, made vacant by the resignation of Professor McLean, has been filled by the appointment of Dr. H. A. Johnson, of this city, who gave the course of Lectures on Physiogy during the session of 1853–4, with much satisfaction to all parties. To fill the office of Demonstrator and Lecturer on Comparative Anatomy, the faculty have been fortunate in securing the appointment of Prof. E. Andrews, lately connected in the same capacity with the Medical Department of the University of Michigan. These are excellent appointments, and will doubtless prove equally satisfactory to the College and the profession generally. The old College building has been taken down, and he work is making rapid progress towards the completion of a ew edifice, with all those improvements and accommodations which the Institution requires and modern architecture affords.— Though the past history of the Rush Medical College has been one of uniform prosperity, yet the improvement now made will be followed by a more extended patronage, and a still higher reputation.

Prof. John McLean, tendered his resignation soon after the close of the session of 1854–5. The following Preamble and Resolution reported by a committee of the faculty appointed for that purpose, afford but a just tribute to his moral worth and professional attainments:

WHEREAS, John McLean, M. D., of Jackson, Michigan, has been connected with the faculty of Rush Medical College, first in the capacity of Prof. of Practice, and subsequently filling the chair of Materia Medica, from the foundation of the Institution; and whereas, he has this day signified his desire to be relieved from the further responsibility of the chair which he has filled so long and successfully by sending in his resignation of said place, Therefore,

Resolved, That the Faculty of Rush Medical College, in parting with their late colleague, Prof. John McLean, with whom they have been associated for several years, take pleasure in bearing testimony to his high moral qualities, his uniformly, kind and gentlemanly deportment, and his faithful discharge of the duties imposed on him as teacher of an important department of Medical Science.

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Diseases of the Eye.

It may be of interest to our readers to know that the managers of the Mercy Hospital in this city, have established a ward in connection with the medical department of the Hospital, specially for the reception and treatment of Diseases of the Eye. The accommodations are very comfortable, and patients can rely on the most careful and well-directed attention.

A pretty full report in reference to the diseases treated in this institution during the past year will be given in our next issue.

Miscellaneous Practical Items:

The following items we copy from the Virginia Medical and Surgical Journal:—Ed.

Alopœcia Circumscripta.—Mr. Startin, of London, has been lately treating baldness in a novel way. He first brushes over the spot with a solution of argent. nitr. (℈ij. ad ℥j.), which is followed, while moist, by one of the hydro sulph. of ammonia A black sulphuret of silver is thus formed, which dyes the skin for a week or more. Whilst this application is evidently an irritant, it is more pleasant than the blistering fluid, cantharidine ointment and such remedies. At the same time the bald spot shows less when stained black, being nearer the color of the hair.

Bronchitis—Chronic.—The use of hydrochlorate of ammonia, in doses of fifteen or twenty grains, is highly spoken of by Dr. Delvaux (*Presse Med. Belge*) as a remedial agent in the treatment of chronic bronchitis. He precedes its administration with a purgative, and enjoins a strict diet during its continuance. Dr. Delvaux alleges that the cough will lessen and the dyspnœa become less, whilst the appetite improves. It causes an increased flow of urine, and also an augmentation of the cutaneous transpiration.

Dysentery.—The sedative influence of creosote has been appealed to by Dr. Wilmot, in the treatment of dysentery, with good results. He recommends this remedy as an enema of one drachm to twelve ounces of starch, and if we are to rely on his statements, there is something valuable in his suggestions.

Enuresis.—It is very well to have at hand various formulæ for this troublesome affection in children; and we select the following, which we owe to the Gazette De Hopitaux.

Dr. Blaschka, of Freyenwalde, uses equal parts of tinct. nucis vomica and tinct. ferri acet, of which 10 or fifteen drops should be taken twice each evening.

Dr. Huber. of Zurick, recommends ext. nucis. vom. 1 part. oxyd. ferr. niger. 48 parts, giving two grains night and morning.

Dr. Naegle gives one grain of tannin night and morning.

Ganglion.—To break what is commonly called a ganglion, and thus disperse the tumor which is often disfiguring the wrist, and about which we are often consulted, it is only necessary to flex the wrist so as to make the skin tense; then let the surgeon seize the hand with both of his and place both the thumbs, one above the other, on the ganglion. It is rarely that such pressure does not succeed in its object, whereas the usual way of placing the thumbs side by side, by the law of the diffusion of presence in fluids, the two counteract each other, and there is great loss of force.

Glandular Enlargements.—An ointment of black oxide of copper is thought of great value by Prof. Hoppe, of Basle, (*Deutshe Klinik*,) to discuss the various forms of glandular enlargements, so often occurring in practice. He has specially tested its virtues in indurations of the neck and of the salivary glands, goitres, and mammary enlargements. Prof. Hoppe believes that it would be equally applicable in orchitis, swelling of the groin, and in hypertrophied liver and spleen. It is prepared in the proportion of fifteen to thirty grains to the ounce of lard, and the parts to which it is applied should be covered with a bandage.

Hemorrhoids.—Guy's Hospital gives us the following ointment for piles, which happily combines the astringent properties of lead and galls, with an anodyne influence of opium. A good formulæ of this sort will be useful to the country practitioner, who will be frequently consulted with regard to this very common disease: ℞. Gallarum contrit., ʒij. ; Opii (emolliti aquæ cum, ʒj.) ʒss. ; Liq. plumbi. diacet , ʒij. ; Adipis, ℥j. ft. ung.

Hydrocele.—Prof. Langenbeck, of Berlin, not being satisfied with the effects of the iodine tincture as an injection in hydrocele, has recently been employing chloroform as a substitute, with the happiest results. He finds that it produces adhesive inflammation more quickly and more surely than the old remedy. After withdrawing the fluid of hydrocele, he injects about one drachm of chloroform, which remains for a short time, and then is allowed to escape. Langenbeck, in the *Deutshe Klinik*, reports four cases treated thus, which were radically cured in two or three weeks.

Porrigo.—This obstinate affection, often met with on the scalp in children, is attacked at Guy's Hospital with a prescription styled "Unguentum Metallorum," and prepared by mixing equal parts of zinc ointment, of the dilute nitrate of murcury, and of the cerate of acetate of lead. It has been very efficacious in porrigo, impetigo, and even in favus.

Scarlatina.—Sixty cases of scarlet fever, treated by Dr. Day, of Stafford, England, with nitric acid in full doses, has satisfied that gentleman that he has discovered an important remedy, and he reports his practice in a late number of the Medical Times and Gazette. There is but little difference in his idea of administering the nitric acid, which he uses also to throat as a gargle, and the old prescription of Fothergill, which he used to say "would pickle their juices,"—the muriatic acid diluted and sweetened with honey, which was employed internally and as a mouth wash. Others prefer lemonade draughts freely administered, which seems to have the same antiseptic virtue, and besides tend to the kidneys and skin. Dr. Day give the nitric acid in larger doses than we are in the habit of doing, and in this consists his only claim to originality.

Skin Diseases.—The active principle of hemlock is an oleaginous fluid called *conein*, and a Russian physician of some note, M. Murrawjeff, has found it efficacious, as an external application, in many of the obstinate diseases of the skin. It is very valuable in toothache, one drop being sufficient to control the pain. Murrawjeff, also, has tried it with advantage in neuralgic and syphilitic pains of the bones, and lastly, as a palliative in scrofulous and cancerous ulcer. Conein should be applied to the skin as an ointment, in the proportion of twelve drops to one ounce of cold cream. In neuralgia, Murrawjeff washes the part with wine, and applies two drops of pure conein, covering with oiled silk. One drop to two ounces of water forms a colyrium of great power; and as a enema, two or three drops may be administered in starch emulsion.—[Med Zeitung Russ.

Spermatorrhœa.—Professor Trosseau believes spermatorrhœa to depend on a spasmodic condition of the vesiculæ seminales, somewhat analogous to the condition of the bladder in enuresis.—He therefore proposes the use of belladonna, both internally, and applied as an ointment to the perineum nightly, and if necessary he advises a suppository of the extract of belladonna in the rectum. M. Trousseau declares that oftentimes an erotic feeling is conjoined to this spasm of the vesiculæ seminales, and suggests the use of bags of hot sand applied to the perineum at night. The use of bromide of potass, in doses of from 15 grs. to ʒss., as recommended by Thielman, will be found to have a decided anaphrodisiac effect.

Syphilis—Secondary.—M. Desmartis, of Bordeaux, declares that after a careful comparison of the effects produced by the different preparations of mercury, he has come to the conclusion that the cyanuret of mercury is of superior value, more especially in syphilis. He states that it never irritates or salivates, and where all the preparations of that metal had failed to produce benefit, that the cyanuret would restore to health, patients whose condition had seemed hopeless. M. Desmartis had also used it beneficially in iritis and syphilitic ulcerations of the nose and fauces.

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ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Puerperal Convulsions.* A paper read before the Esculapian Society at the semi-annual meeting, in May, 1855. By T. D. WASHBURN, M. D., of Lawrenceville, Ill.

On the 6th of March I was called to see Mrs. H., a young woman, perhaps, 19 years of age, of nervous-sanguine temperament, French extraction, dark complexion, eyes and hair; of moderate stature, with hereditary tendency to nervous debility and irritation. Previous to marriage, some two years since, she enjoyed average health, since which time, till she became *enciente*, she suffered from menorrhagia and became quite anæmic, and since conception she has been no better, and for the last two months has experienced considerable palpitation, with smothering sensations. Two days previous, while sitting in her chair, she fainted, and was compelled to lie down; about the same time she had some uterine pain, accompanied soon after with some "show," which has continued to the present time.

This morning, 8 o'clock A M., I find her free from excitement, with moderate pains at intervals, and am informed she has gone her full time; bowels regular, and lower extremities much swollen. I left as a placebo, more than anything else, spirits lavender A., and curuph tinct. opii A. A., to be given *pro a rata.*

Seven o'clock, P. M.—I called and found labor still progressing; os uteri dilated the size of a half dollar and relaxing kindly, but a close, snug build to contend with, and the parts not very well lubricated.

After an absence of a few hours, I was again at the bedside. The pains were short, but constant, with regular intervals; pulse uniform, and prospects favorable; natural presentation of the vertex. Toward morning the pains lulled, and as she was quite fatigued from loss of sleep, I gave her 20 drops of laudanum, and retired to recure sound rest for myself.

March 7th, 8 A. M.—I find my patient much the same as when I left. Pains moderate, but regular and gradually increasing; in the course of an hour the head became engaged, and made some advance, with the increase of the pains. Soon after nine o'clock the waters were discharged, but the pains did not become severe, though I remember about this time she exclaimed, "Oh! how my head does ache," still it did not excite my attention, as she was more or less subjected to it.

Her pains remained short, but became somewhat more vigorous, and, finally, with great difficulty the head was born; several more pains intervened before the child was delivered, which was a daughter, of ordinary size.

The placenta was expelled in ordinary time, with less than usual hemorrhage. The womb contracted well, and after applying a snug bandage, a little before noon she expressed herself as quite comfortable, with some disposition to sleep.

I retired soon after, and did not visit her again till past seven in the evening, when I found her friends in a state of extreme extreme excitement, saying they "thought her dying only a few minutes before," and had dispatched a messenger for me. On inquiry, I learned that she seemed quite easy till five o'clock, hen she complained of her head and back, (her back had been chief point of pain during her whole labor). At six o'clock, wever, she partook freely of refreshment, and drank two cups of coffee, and was apparently doing well; soon after, she had a smothering paroxysm and became faint, but rallied directly, till just now she was taken worse, became unconscious, and they thought her dying. I find her now quite rational, rather slow of utterance, expression good, no unusual hemorrhage, the womb contracting well, and she complains only of moderate pain in her head and back. Ordered twenty drops of laudanum and left, expecting to return before bed time, but anticipating no serious difficulty.

I was absent some thirty minutes, when I was again called in great haste, and learned she was suffering from strong convulsions, but on arriving found her breathing natural, mind clear, but seemingly fatigued. It was not long, however, before all doubts were dissipated, for after becoming somewhat restless and sighing once or twice, she was seized with a most violent convulsion; every muscle of the body was brought into excessive action, her face was purple and distorted, her eyes rolled up or twitching, with saliva frothing from the mouth, and every symptom of the worst form of eclamsia, which continued for some five minutes or more, when she relapsed into stertorous breathing and slowly regained her consciousness, but rather more stupid than before.

I immediately directed strong sinapisms to the ankles, wrists and chest, with cold applications to the head; a short interval elapsed, when another convulsion came on more violent than before, with a slower return to consciousness, the pulse running up to 140 and gradually subsiding to 100. The mustard gave her considerable annoyance, besides, I directed enema of salt water, But all seemed to be useless, as the fits continued to increase, both in severity and frequency, and she became less and less conscious in the intervals.

Ten o'clock P. M., I apprised the husband of the nature and character of the attack, and the necessity of resorting to the most vigorous plan of treatment to accomplish any good, notwithstanding her delicate health and feeble condition, and that even the most energetic treatment might fail, and further suggested that another physician be called in if he wished my views corroborated. Dr. P. was sent for, and arrived directly. We at once decided to bleed, and opened a vein in her arm, making a fine incision, but the blood flowed thick and black, till some twelve or fourteen ounces had been discharged, when it flowed more freely with a more arterial hue, and seeming to give temporary relief to the patient. We also had her thick tresses of hair removed, to apply the cold effusion more effectually.

But a short time elapsed before the convulsions began with renewed vigor. The sinapisms, clysters and cold were faithfully applied, but the skin remained hot, and pulse accelerated; in the meantime, considerable flooding ensued, and about 2 o'clock in the morning she passed from stertorous into a less labored but restless sleep, her eyes remaining rolled far back, and perfectly unconscious to sound, light or taste, and unable to swallow. She continued thus for some five or six hours.

March 7th, 7 o'clock A. M.—After a little rest, I visited my patient, and found her nearly the same as when I left. Still sleeps almost natural, with eyes rolled upward, pupils much contracted, and entirely unconscious. The enemas had produced no effect. I now combined two ounces sulph. magnes. with two grains tart. emetic, in a tumbler of water, and succeeded in giving her two table-spoonfuls, and directed the nurse to continue the same every hour till some effect was produced, also hot fomentations to the vulva, and repeat the salt water clysters, with turpentine, every half hour, and sinapisms to the whole course of the spine.

As she became more rational, and began to yawn, and give indications of returning consciousness, she was again attacked between 8 and 9 o'clock with convulsions, as terrific as ever, and to all appearance, baffling all treatment; after a succession of five or six, about ten o'clock she had a copious evacuation, and toward noon sunk into a labored sleep, exhausted from the repeated convulsions; during the night previous, I should have mentioned, the lochia became much diminished, but the womb was in position, and the abdomen natural. At 3 o'clock, P. M., I found the convulsions making their appearance again, and despairing of arresting them with all the forces I could bring to bear, I opened a vein and took about a pound more of blood, so that the pulse beme almost imperceptible.

During the succeeding two hours, she had three severe convulsions, and then sank into a profound sleep. In the course of the day, they had succeeded in giving most of the solution I had prepared in the morning, but it occasioned no nausea, though I think it assisted in checking the febrile excitement. At 6 o'clock P. M., she drank half a cup of tea without much difficulty, but seemed quite unconscious.

At 10 o'clock in the evening I succeeded in partially arousing her, so that when I spoke loudly she opened her eyes, but evidently could not see. She was now in a warm moisture, and the pulse had sank to 85.

I ordered 1-12 gr. ant. and 8 drops of laudanum, to be given every hour during the night

March 8th, A. M. at 7 o'clock—I visited Mrs. H. and found her much improved: more intelligence, calls for water, and says yes and no to queries; skin moist, pulse 80, uniform but feeble; tongue only slightly coated; complains of some pain in the head; has had another good evacuation from the bowels; some lochia.

℞—Very thin gruel, well cooked, half a tea-cupful every 3 hours; suspend other medicines, and take infus. valerian, a tablespoonful every two hours. Prognosis more favorable.

Did not see her again till six o'clock in the evening, she had been quiet during the day; complains of soreness and weakness, but is much more conscious, though not disposed to talk; relishes gruel and has some thirst, but is free from any general febrile excitements.

Ordered ether, c. spirits lavender and laudanum, equal parts, fifteen drops to be given every hour till she sleeps, and continue nourishment. At 1 o'clock at night I was suddenly roused by the husband of my patient, with the information that she was quite wakeful and very talkative, making many inquiries in regard to her sickness, of which she had no recollection. I gave him laudanum, with direction to continue ten drops every hour, till she obtained rest.

March 9th—This morning I find her quite natural: pulse 70, soft, skin moist, and expresses herself as much better, but sore all over. I directed her diet to be changed to rice gruel and tea. At 10 A. M, I called and found her quite feeble, the mere effort of raising the head to drink causing fainting, and, as she expresses it, "such a smothering feeling". I directed a tea-spoonful of wine in water every hour, in addition to her diet, and darken the room, and remove all noise.

P. M.—She seems to be doing well; has nursed her babe three times to-day; no action of the bowels. Directed the laudanum, as the night previous, to be followed with oil in the morning, if necesary.

March 10th.—Says she feels a "thousand times better" this morning; is perfectly intelligent and more composed; has rested well, taken the oil, and wishes more to eat; still complains of some pain in the back part of her head, and occasional numbness about her arms, which I advised to be rubbed with brandy and mustard or pepper; give the wine in the form of panada, and increase the quantity; expression good, tongue clean, baby well. Directed no medicine.

P. M., 7 o clock—No action from the medicine, but suffers no uneasiness. Give injections and repeat till the bowels are opened.

March 11th.—Continues better; bowels were moderately moved; plenty of secretion in the breasts, and all the functions seem to be discharging their duty. She has just ascertained the loss of her hair, and intimates that she will whip me for that piece of mischief. Continue light diet, occasionally a little broth, and use Seidlitz powders to keep the bowels soluble.

March 12th.—Still improving, and gains strength,—withdraw the wine; has some cramping in limbs,—continue low diet, and use cream of tartar *ad libitum.*

March 13th.—Has had some fever, but yielded promptly to antimony, laudanum and spirits of mindereri.

March 14th.—Doing well and discharged.

Subsequently, this patient was most too tenderly cared for, and she had a slow, tedious convalescence Both breasts inflamed and abscesses formed, which I lanced, and she slowly recovered.

This is the second case of the kind which has fallen to my lot to attend, during a residence of seven years in Illinois. Nor have I heard of but one other in the vicinity of my practice during that time.

My first patient was confined with her first child, but was quite advanced between thirty-five and forty years of age. The treatment in this first case was not as prompt, though equally and even more efficient, as *v. s.*, from the temporal artery, the use of excessive cold, chloroform, &c., with every variety of antiphlogistic treatment. She had more constitution than the latter, but the shock seemed to have been so great to the nervous system as to defy every attempt at adjustment again. Both gave birth to healthy children, and the attack in each was subsequent to parturition. The latter case impresses my mind, with overwhelming force, that in the whole catalogue of disease none demands such *prompt* and *daring* treatment—no disease admits of such powerful depleting remedies, and efficient antiphlogistic action, as this terrific and formidable malady, *puerperal convulsions.*

ARTICLE II.—*Carcinoma of the Uterus complicated with universal Dropsy.* By H. Ritchie, M. D., of Chicago.

Mrs. D., aged 32 years, was first seen as a patient last November.

History.—For eighteen months previous has had continued uterine hemorrhage, during which time she became pregnant, and was delivered at her full period, of a living child. Her appearance at this time was very ancemic, with œdematous extremities.

She still had a sanguineous discharge from vagina, unaccompanied with pain or fœtor. The lungs were apparently healthy, and nothing abnormal about the heart was detected at that time; but subsequently, the second sound of the heart was modified from the short, quick sound, into a prolonged clanking sound, or a ringing one; no murmurs indicative of valvular disease could be distinguished. On vaginal examination, a large circular indurated mass was felt, evidently the Cervix Uteri; projecting from the indurated and patulous os, were several irregular indurated growths, and filling the os, producing from the weight of the diseased mass partial prolapsus.

Treatment.—Ferruginous medicines and occasional hydragogue cathartics were at first administered; but these remedies availed but little, though persevered in for two months, the hemorrhage still continued, and the œdema became universal, confining her to her bed.

There was desire for food, but upon taking it she complained of a feeling of distension in the epigastric region, of so unpleasant a nature as to deter her from gratifying her desire.

This condition, gradually becoming aggravated, continued for several months, until ascities became the prominent dropsical condition, to such an extent as to interfere with respiration; and as hydragogue cathartics and other remedies could no longer be tolerated, paracentesis abdominis was resorted to, and 3½ gal. of serum, drawn off, relieving the dyspnœa; but re-accumulation was again established, and progressed rapidly.

During the accumulation of fluid in the peritoneum, the œdema of the extremities partially subsided, and large hemorrhagic spots appeared on both lower extremities.

The above case was under the treatment of a medical friend, and as it was a remarkable instance of complicated disease, the writer had repeated opportunities of examining it, for it continued for a period of nearly eighteen months under treatment, when within a few days past it terminated in death.

Post Mortem.

Lungs collapsed, cavity of pleura filled with fluid, the pericardium also distended with it. The walls of the right ventricle and auricle of the heart very much attenuated, and cavities filled with coagula, valves normal, left ventricle hypertrophied with auricle, and valves healthy.

Before examining abdomen, drew off a gallon of fluid, liver, kidneys and bowels apparently healthy, a few abnormal adhesions of old date. Pelvis;—Bladder collapsed and healthy, the broad ligament of the uterus on right side perforated, and encephaloid matter protruding through it near the connection of bladder and uterine walls, appearing on first view as though the bladder was involved, but on passing the sound found no apperture in bladder, but upon its reflection from the symphyses, the anterior wall of the vagina was found perforated, and cancerous growths projecting through it. Indeed, all the uterus, except the fundus, was a mass of fungoid disease. The iliac veins below their bifurcation were plugged, apparently with the same, very much enlarged, and their coats attenuated; above the bifurcation, as far as traced, the cava was patulous.

Remarks.—Here was a clear revelation of encephaloid disease of the uterus; but this is not sufficient to account for ascites, and universal œdema, except so far as the continued hemorrhage kept up the æenemic condition; the plugging of the iliac veins was sufficient to account for the dropsical condition of the lower extremities, but there was no pathological condition discovered in the abdomen to elucidate the cause of ascites. We must, therefore attribute the latter and the œdema of the upper extremities, and probably the primary cause of plugging of the iliac veins, to the condition of the right side of the heart, the ventricle performing its function feebly, and having as a consequence an accumulated column of venous blood pressing upon its attenuated walls.

ARTICLE III.—*Death caused by the injudicious use of Antimony.*

By C. W. Le Boutillier.

I was called on the 12th of June to visit Mr. James Cochran, who had then been under the care of a Quack (Z. Jolon) for three weeks.

He was employed in the pineries last winter, and has enjoyed very good health for the last ten years. About six weeks ago, while crossing the river, he fell in the water and got wet. In a day or two he was seized with a severe pain in the left hip, and in consequence of it had to come down in a wagon, (100 miles,) to receive medical aid. On his arrival here, (nine days after the accident,) he applied for treatment to the above named individual, who blistered him on the affected parts, and salivated him. He also gave him Tartarized Antimony, in the dose of 20 to 30 grs. per day, for three weeks in succession, with the exception of a few days that he omitted the medicine.

On his examination he also said that he had given the wine of Colchicum, in the dose of one tablespoonful, four times a day.

I found the patient as follows:—Age about 34; temperament sanguine—and learned that he had been a man of a powerful muscular frame, (weighing, two months ago, 206 lbs ,) but was then (at the visit) reduced to a squelete *vivante*, in fact so much emaciated that his friends did not recognize him on their arrival from above.

Symptoms.—Eyes sunken, and conjunctiva blanched; tongue coated with a brown fur, edge and tip very red deeply fissured on its median line, and perfectly dry. No difficulty existed in the protrusion of that organ, and its retraction seemed easy. Pulse. 120 in the minute and rather hard; skin dry, shrivelled and of a deep yellow color.

Patient complains of great pain on pressure being made on the abdomen, the pain is more acute in the right iliac and epigastric regions. When aliments or liquids are taken into the stomach, they are immediately rejected. The nervous system has not been during his sickness in the least impaired, has had no cephalalgia, when interrogated answers without the least hesitation. Lungs and heart apparently normal. No derangement of the urinary organs—urine voided pretty copiously, and rather high colored.

Treatment.—Counter irritation on the abdomen; give small quantities of acidulated ice water, and a small quantity of weak broth occasionally. On the 14th I called in Dr. Johnson, as counsel, and we continued the above treatment until the 17th, when the prostration became so great that we decided to use small doses of wine; but we ultimately were obliged to give it in enemas, as the stomach would not tolerate it; a ʒ of Spt. Turpentine was occasionally added to the injection. He had several dark and very offensive discharges from the bowels the first few days of our attendance, at the last they were of a better color and less offensive.

On the 20th Drs. Murphy and Anderson saw the patient, and approved of the mode of treatment.

Two days afterwards, the 22d, the irritability of the stomach was ameliorat d, and the pain in the abdomen was less severe; but he gradually failed, and died between the hours of three and four on the night of the 24, retaining to the last his mental faculties.

Post Mortem Examination held fifteen hours after death by order of the Coroner, in the presence of Drs. Anderson, Ames, Murphy, Johnson, and LeBoutellier. (Jodon was also present.)

Body.—Emaciation very great. Skin.—Two large sores on sacrum, and one near the trochanter of the ischium—apparently bed sores. Bowels.—(View by raising the abdominal parietes) Considerable congestion and inflammation generally; right iliac region very much so. Omentum inflamed, congested, and vessels enlarged. Stomach.—Dark appearance and inflamed on surface spleen a little enlarged, but healthy. Liver.—Healthy, gall bladder filled with darkish bile. Lungs and Heart.—Nothing abnormal. Bladder.—Normal and distended, with a pint and a half of urine. Alimentary Canal laid open; Stomach, whole surface inflamed. The mucous membrane was considerably thickened, softened, and disorganized in places, especially in its large curvature. Pylorus highly inflamed, with suppuration of its follicles. The bowels contained a small quantity of blackish thin matter, and a purpular eruption was found through their whole extent. Some of the pustules were well formed and defined, but the greatest number were in a state of ulceration. Duodenum, Jejunum, and Ileum.—Were found inflamed, mucous coat like stomach, and the surface of the bowels was copiously studded over with the eruption. A section six inches in length of the jejunum furnished six large patches of these agglomerated pustules, in a state of ulceration; they were generally covered over with a soft scab, and the muscular coat was not deeply involved. The cœcum was black and softened, very much like stomach. Colons.—Were found more or less highly inflamed, and the eruption as in small bowels. Kidneys.—Left healthy; but the cortical portion of the right one, the adjoining mesenteric glands, and two or three inches *of ascending colon were in a state of suppuration.*

After the autopsia the above named Physicians were sworn, and requested to answer separately the following questions. Q.—As a medical man, from your experience and from information gleaned from authors, in your opinion, what was the cause of the death of Mr. Cochran? A.—As far as we can judge from the history of the case, and the pathological lesions found in the bowels, we believe that he died from the injudicious use of Antimony. A number of other questions were made by the Jury and Coroner respecting medicines, their uses, and diseases, etc.

The Verdict of the Jury.

"That the said James Cochran came to his death by some cause unknown; but we think there is strong presumptive evidence that he came to his death by the improper use of tartarized Antimony, given by Z. Jodon."

Special Coroner, A. LEAMING.
R. P. UPTON,
W. F. CAHILL,
J. B. PERKINS,
J. C. MCCAIN.
S. D. HUBBARD.
L. G. JOHNSON.

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ARTICLE IV.—*A Case of Diabetes.*

MESSRS. EDITORS:—During my practice in the city of New York, I had the good fortune to cure a bad case of Diabetes, and as this belongs to that class of diseases which have by many been regarded as incurable, I offer a narrative of the facts in the case, and the rémedies used, for publication in the columns of your highly interesting and truly valuable Journal, hoping it may be of benefit to some of my professional brethren.

The patient was a young man of about twenty-two years of age. Previous to his being attacked with this disease, he enjoyed the best of health; was robust, and possessed of a large amount of physical strength.

At the time he called on me, he was fearfully emaciated, and in appearance resembled a person in an advanced stage of consumption. He told me that he passed urine some thirty or forty times during every twenty-four hours, to the amount of several quarts, and that it "was as sweet as honey."

After closely questioning him, and informing myself thoroughly relative to his case, I gave him the following prescription, viz:

℞	Sulph. Antimoni Precip.	℈j
	Pulo Doveri	℈ij
	" Opii	qrs. x
	" Alumen	℈jv

M et fiat chart no. xx.

ıke one at morning and one at night.

I directed him to abstain entirely from eating any kind of fruit, green vegetables, or acid or saccharine substances. On the seventh day after using the above medicine, he called on me, and informed me that he urinated not to exceed five or six times in twenty-four hours, and that his urine was much changed in appearance and taste, and much diminished in quantity, and that his thirst had much abated. I then ordered the following mixture:

℞ Tinct. Canthai, ℥j
" Digitalis ℥j
" Cinchon ℥ij
Mur. Tinct. Ferri. ℥j
Aqua. Pura. ℥iij
M Dose a teaspoonful at noon of each day.

I also directed him to continue the use of the powders. Two weeks after he called again, and informed me that his thirst and appetite were natural; that he felt hearty and strong, and was increasing in flesh. The result was a perfect restoration to his former good health and exercise of his physical powers.

Since then I have treated another case of confirmed Diabetes (though not so far advanced as the first) in the same way, with the same happy result.

Yours with deference and respect, J. B. HOAG, M. D.
Carthage, Rush Co., Ind., June 10, 1855.

ARTICLE V.—*Homœopathy, its Principles and Practice.* By C. A. Hathwell, M. D., Virginia, Cass Co., Ill.

——If any, speak, for him have I offended.
Brutus.
——I came to bury Cæsar, not to praise him.
Mark Antony.

We are given to understand through the medium of various journals, that the Legislature of Michigan, in their wise deliberations, have concluded on having a Chair of Homœopathy estabtablished in the Medical Department of their State University, at Ann Arbor.

Now, as Homœopathy is truly one of the novelties of the age we live in, we propose to say a few words about this system, in which many are at this very time so steadfastly and perseveringly pursuing; but, however, neither particularly to advocate or condemn it, for though we know a little about its principle or theory, we honestly confess knowing still less about its practice.

Homœopathy is defined "similar disease," which, in its turn, means that the remedy is the same as the cause of the disease.

This is the discovery of Dr Hahnemann, the founder of Homœopathy, and dates, we believe, from 1790—the epoch of the French Revolution,—verily, an epoch of novelties.

For example: in a healthy person coffee produces excitement, in a sick one it removes it; in a healthy person opium produces sleep, in a sick one wakefulness. It is on this principle that in persons whose vitality has been suspended by exposure to cold, animation is restored by rubbing them with snow; and that burns are most efficaciously treated by heat, either by direct exposure to fire, or by partially exciting heat.

Now, this is Homœopathy in its original and etymological sense, but not the sense in which it is generally known to the public. This latter sense has reference to another discovery of Dr. Hahnemann, called *the development of power in medicinal substances.*

By daily experience he found that physic applied in gross form, as under the old (or Allopathic) system, acted much too strongly; he, therefore, diluted it with water or Spirits of Wine, and thus discovered that its efficacy was increased in proportion to its weakness, the less matter, the more spirit. For instance: the medicine is prepared in the following manner. Take one drop of strong tincture, say tincture of Rhubarb, mix it with ninety-nine drops of Spirits of Wine,—that makes the first power. Take one drop of that diluted tincture and mix it with ninety-nine drops of Spirits of Wine, and you have the second power. Take one drop of the second power and mix it with ninety-nine drops of Spirits of Wine, and then you have the third power of Rhubarb, and so on till you come to the thirtieth power, and this is the first power that can be used efficaciously; it is the lowest Homœopathic power that is used. The power in common use, a pill or globule of the thirtieth power, is said to contain one decillionth part of a drop of strong tincture,—a decillion is expressed on the Continent by 34 figures, in England by 61. Homœopathic medicine is also prepared in a dry state by trituration, which is said to magnetise it, or increase its power.

By following up this same system with perseverance for months, or years, you raise the power, that is, weaken the material solution of the medicine to any extent you please.

Jeninchen, a patient and most persevering German Homœopathist, of Wiemar, whom we believe is now deceased, raised the powers of Homœopathic remedies by weakening them, to a greater extent than any other that we have heard of. Arsenic, for instance, he raised to the forty thousandth power. He must consequently have taken the drop of tincture forty thousand times from one vial, and mixed it forty thousand times with the Spirits of wine in another vial, and made a memorandum of it at the same time. Moreover, the vials must be particularly clean, rinsed a dozen times, and the water not only wiped but evaporated from them by heat. The trouble and the time, therefore, are very great, and consequently these high powers which contain as near as possible nothing of medicine, are very expensive, the preparation of them being the labor of years. The effects of these high powers of Jeninchen's are said to be bordering on the wonderful! By some means, only known to him, he increased the effect to a degree never before obtained in powers prepared by any one, or by machinery!!

To complete the preparation of the medicine, a number of pills of so diminutive a size that some ten or twelve of them would not more than occupy the capacity of a mouse's ear, composed of Sugar of Milk, are made by the confectioner, and dipped in the diluted tincture. These sugar of milk pills constitute the homœopathic medicine, and even these are not taken entire always, for two, three or five (Lutze always uses five) are put into half a tumbler of water and dissolved, and you take a spoonful of the mixture once or twice a day, and this is all your treatment, except that you are placed upon a rigid diet, and forbidden the use of every thing stimulating, as wine, beer, coffee, tea, mustard, pepper, &c., nay, you are carefully enjoined to *smell* nothing that excites; even the effluvium of the pepper-box is decidedly injurious, and almost any other tooth-powder but fine charcoal will prove a counter-agent to the delicate medicinal spirit that has been introduced into your system. A young lady under homœopathic treatment called to see a female friend of hers, whom she found bleaching a straw bonnet, by exposing it to the fumes of brimstone under a barrel. She accidentally smelt the sulphur, her physician in his inquisition found it out, and with terror and consternation depicted in every feature, he exclaimed to her, "Horrible! oh, most horrible! how could you do such a thing?"

Dr. Lutze, of Cothen, (if still in existence, and we have not heard of his decease,) is, we believe, the most distinguished of living Homœopathists in Germany. His cures are said to present something like the appearance of magic. His powers are also nearly as high as those of Jeninchen's, that is twenty, thirty, and even forty thousand. There is a spirituality also about the man which invests his professional method with something of a religious character. Indeed, the tendency of homœopathy is so decidedly spiritual that it naturally leads its professors in spite of themselves into mystic and religious feelings. How is it possible for a man to escape them when he becomes convinced from experience that the less material his medicine becomes the more efficacious it proves? "The less matter the more spirit" is his admitted maxim; and if this does not tend to make a spiritualist of a man we know not what will.

Hence it comes to pass that the most distinguished and successful homœopathists instruct their patients to look to God for a blessing upon the medicines, for without His aid all material means must prove in vain.

Lutze, we are told, carries the devotional spirit into the sick chamber, and is himself so deeply imbued with the religious feeling and the high religious mission of the medical profession, that it is more than probable that this medicinal spirit in himself is much more efficacious than that imprisoned spirit in the forty thousandth power of his diluted sugar of milk pills.

Indeed, it has been observed by his disciples, that instead of ollowing to the letter the rules of homœopathic treatment, he transgresses them frequently with success. Aftor hearing the symptoms of a complaint, he put his hand on a medicine and took it out; a pupil observed that "that was wrong." "Never mind," said Lutze, "it will do;" and *do it did!*

Wonderful stories are told of homœopathists. We shall give one of Dr. Hahnemann, the founder of the system.

"This eminent physician had invited a small company to his house, and while all were in the full enjoyment of mirth, a young lady, the daughter of a physician, was observed by Dr. Hahnemann seated in a corner, suffering from a most violent toothache. Hahnemann said to her, "Well, Emma, my dear, has not your father prescribed anything for your toothache?" "Yes," she replied, "he did, but all to no purpose; be kind enough to administer something to me."

Hahnemann.—Provided your father do not take it amiss.

Emma.—He shall know nothing of the matter if it does me good."

"Dr. Hahnemann drew from his pocket a small vial containing a few globules, and requested the young lady to smell it once. The pain immediately increased to an almost insupportable degree, but within a quarter of an hour had wholly ceased. Emma deemed herself very happy. She requested Dr. Hahnemann to give her the vial, which he readily assented to, but with the following injunction: "You must promise me not to smell it except on a return of the pain; if you should do so the pain will instantly come back, and the remedy will then be of no avail." Emma promised to obey the Doctor's precaution, and went home with the vial, merry and happy. Several months elapsed without a return of the toothache. In the meantime, Emma was engaged to a young physician, and one day in the presence of her intended her father said to her, "well, Emma, where's your toothache?" Emma looked considerably embarrassed at the question, and being warmly solicited to disclose the reason, related what had passed between Hahnemann and herself. Father and lover both burst into a hearty laugh. Emma by her father's request then produced the miraculous vial; both smelt it in derision, and asked Emma to smell it also. She however declined, stating that Dr. H. had strictly forbidden her to do so, as the pain would promptly return. They again pressed her, assuring her it was harmless, and yielding to their importunate entreaties she smelt it, and immediately after was seized with a return of the toothache in its most agonizing form. Her father and the young physician were struck with astonishment, and grieved at such an extraordinary result. Emma quickly sought Dr. Hahnemann in order to make full confession to him. After having found the Doctor, and divulging the facts, he accosted her " more in sorrow than in anger," " Emma, Emma, you have indeed been disobedient, and you have paid the penalty." With these words he withdrew, but soon returned, and producing another vial requested her to smell it; she complied, and the pain was at once assuaged. Having witnessed such an extraordinary phenomenon, the father and the future husband were converts to the new doctrine, and became eminent homœopathists."

It is asserted that Lutze produces similar marvelous results. Boninghansen, of Munster, is more material and less successful; but he stands next to Lutze, it is said in popular estimation. Homœopathy has made great progress in Germany, and many other parts of the continent, we there find homœopathic families and boarding houses, where patients are kept in condition for physicians.

Homœopathists have observed different effects and results in different localities. For instance, in England, and on the continent, in London some ascribe it to diet—the heavy beverage, port, sherry, porter, and ale, which with tea and coffee are such powerful counter agents as render homœopathic medicines of little or no use. The system originated in Germany, its discoveries were German, and it is very probable that its treatment requires modifications, adapted for every variety of people and climate.

Of its *worth*, we shall say but little; let its followers and believers pursue the " even tenor of their way," but we must make a few remarks upon its spiritual or immaterial character. " The less matter the more spirit," is the leading principle of homœopathy. " Give as little medicine as possible—the minimum quantity is the most efficacious, it is the spirit that cureth, and spirit is not to be measured in value, by the amount of the body that contains it A violent remedy for a human body, is like a violent remedy for a political body; it is a revolution—a convulsion—and as political experience has proved the one to be ineffective, so hu-an experience has found that the violent *Allopathic* medicines of e common drug shops are insufficient to diminish the amount of human suffering. In both cases a more spiritual, deep and recondite remedy is indispensable."

Such is the reasoning of Homœopathy, or immaterial medicine, and such the practice, of which the assembled wisdom of the State of Michigan desire to have an established chair in their State University.

Should this article meet an Homœopathic eye, the reader will perceive we have applied to ourself, the name of Allopathic, which has been bestowed upon us, but why I am unable to account for. Who, and what are allopathic physicians? What is meant by that title, and what is their particular practice? Will some homœopathist explain? We know of none to whom this name is applicable; certainly not to the regular profession of medicine, although many of them without straining, have gulped the title down. For ourself, we maintain the ground, that the term is a misnomer, wholly inappropriate to the scientific practitioner, but as we penned this article to exhibit the reasoning and theory of homœopathy, and not in defence of our system or ourself, we shall forbear further observations as superfluous.

Should this article *not* come in contact with an homœopathic eye, I can again quote the words of Brutus, and say—

> "Then none have I offended."

MEDICAL NEWS.

Rock River Union Medical Society.

THE physicians and surgeons of Lee, Whiteside, and Ogle counties, met in convention at Dixon, June 27th, 1855, pursuant to a call previously given.

Present,—Drs. J. B. Nash, G. W. Phillips, N. W. Abbott, Oliver Everett, J. W. Velie, H. Wasson, Dixon; J. A. Jackson, T. M. Crombie, Amboy; A. S. Hudson, Sterling; H C. Donaldson, Como; W. W. Winters, Milligeville; P. K. Guild, Lee Centre.

The convention organized. A constitution was reported, considered and adopted.

Article 1st reads, This association shall be known as the *Rock River Union Medical Society.*

Article 2d reads, All physicians and surgeons of Lee, Whiteside, Ogle, and adjoining counties, if of good, moral, and professional standing, on presentation of their diplomas, from any legally organized Medical College, or County, or State license, from any legalized Medical Board, or satisfactory credentials from such source in other counties. may become members by signing their names to the Constitution ; but no one shall be entitled to membership, whose practice is based upon an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids furnished by anatomy, physiology, pathology, and chemistry.

Article 7th of By-Laws reads, The members of this society, in their intercourse with each other, and the public, shall be guided by the code of ethics adopted by the Nationl Medical Association.

The officers elected for the ensuing year are Dr. Oliver Everett, President; Dr. A. S. Hudson, Vice-President; Dr. G. W. Phillips, Recording and Corresponding Secretery; Dr. J. B. Nash, Treasurer; Drs. N. W. Abbott, A. S. Hudson, and J. A. Jackson, Censors.

Drs. O. Everett, G. W. Phillips, and H. Warron, were appointed a committee to prepare a report for the next annual meeting upon the following subject:—What influence has the settlement and cultivation of this country had in modifying the general type of desease.

Drs. N. W. Abbott and J. A. Jackson were appointed, each to prepare a paper upon some medical subject, to be read at the next meeting, which was appointed, second Wednesday of November next, the 14th of the month, at Dixon.

Dr. A. S. Hudson was appointed to deliver the address at the next annual meeting, to be held the second Wednesday of June, 1856, at Dixon.

Dr. N. W. Abbott was appointed as delegate to attend the next annual meeting of the State Medical Society.

Dr. A. S. Hudson was chosen as delegate to the next annual meeting of the National Medical Association.

Resolved, That a condensed report of the proceedings of this convention be published in the *North-Western Medical and Surgical Journal.*

On motion, ajourned.

OLIVER EVERETT, M. D., Pres't.

G. W. PHILLIPS, M. D., Sec'y.

SELECTIONS.

Abstract of the Report of the Committee of the Academy of Medicine on Catheterization of the Air-Passages.

This committee was appointed to report upon a paper read before the Academy of Medicine, by Dr. Horace Green, "On the Employment of Injections into the Bronchial Tubes, and into Tubercular Cavities of the Lungs." The committee consisted of Prof. Willard Parker, chairman, Drs. Alex. H. Stevens, Isaac Wood, J. Anderson, J. T. Metcalfe, B F. Barker, and John O. Stone. The following is an abstract of the majority report.

The committee met on five different occasions. At these different meetings thirty-eight patients, in the aggregate, were submitted by Dr. Green and others to the test of the operation of passing instruments into the air-passages, and three, of the injection of nitrate of silver into these passages.

I. *As to the practicability of the operation of passing instruments into the air-passages.*

This division of the report was considered under the following heads:—

1. *History of catheterism of the air-passages.*—The introduction of tubes into the air-passage is not a recent operation. It was recommended by Hippocrates, and seems to have been long practiced in preference to bronchotomy. Desault, among modern writers, also recommended it strongly. Mr. Ryland, in his treatise on Diseases of the Larynx, devotes a short section to this operation. Other authors allude to it as a matter of history.

2. *Results of experiments.*—The results of experiments confirm the records of history, as to the practicability of the operation of catheterizing the air-passages. In 11 cases it was performed

to their entire satisfaction. The evidences on which they rely as proofs of its success are:—

1. *The detection of the tube in the cavity of the larynx by the finger passed into the mouth.*—This was done by several of the committee, and was demonstrative of the position of the tube in relation to the laryngeal openings.

2. *The symptoms manifested by the patient:*

The symptoms which distinguish the passage of an instrument into the trachea and œsophagus, may be thus contrasted:—

TRACHEA.

1. Suffusion of the face, rapidly increasing to turgescence and lividity.
2. Great anxiety and alarm; not easily pacified.
3. Eyes wild, staring, overflowing with tears.
4. Cough violent and spasmodic.
5. Respiration greatly disturbed; inspiration loud, hoarse, and croupy; expiration attended with violent cough, ejection of bronchial mucus through the tube, and finally, full breathing through the instrument.
6. Voice extinguished, a hoarse whisper, interpreted with difficulty.
7. Retching slight.

ŒSOPHAGUS.

1. Suffusion of the face slight, rapidly subsiding, with cessation of retching and vomiting.
2. Little anxiety; easily pacified.
3. Eyes natural; slight suffusion from tears.
4. Little or no cough.
5. Respiration little, if at all disturbed; occasional puffs of air through the tube.
6. Voice distinct; often quite natural.
7. Retching and vomiting a common symptom.

So prominent and characteristic are the symptoms which the patient manifests on the successful introduction of the instrument into the air-passages, and so strikingly do they contrast with those witnessed when it enters the œsophagus, that the committee came to regard the rational signs as the surest criterion of the success of the operation. In but a single instance did they fail of being exhibited with characteristic intensity. In this case the patient had suffered from a syphilitic ulceration of the air-passages, and to this circumstance, together with his enfeebled condition, was attributed the absence of the severe symptoms. Dyspnœa and vidity of the face were the only evidence of the success of the peration. They therefore establish it as a rule, to which ordinaarily there is no exception, that the rational signs above tabulated will differently distinguish the course which the instrument takes, whether into the laryngeal or œsophagus passages.

Other tests were employed, but none of them were found on trial free from objection.

The power of the patient to blow out a lighted candle, and to collapse and inflate at will, in respiration, a bladder attached to its free extremity, through the tube, has been much relied upon as a proof that the tube had entered the trachea. But it was found that when the tube was purposely passed into the œsophagus. this power was still retained, though in a much less degree.

The passage of two sponge-armed probangs into the throat, and by the withdrawal of the lower one, calculating the position of the other, whether in the œsophagus or trachea, did not, as far as experimented with, yield satisfactory results. For it was not proved to the satisfaction of the committee that the sponge-probang entered the larynx and trachea.

The sensations of the patient are reliable only when the tube has been repeatedly passed both into the trachea and œsophagus. In these cases patients have very promptly and correctly decided which passage the instrument was entering. This fact was strikingly illustrated in Mary Norton, on whom the operation was repeatedly performed before she was brought before the committee. On the first and second trials of the introduction of the tube, by Dr. Green, she shook her head, indicating that it had not entered the larynx. The operator, however, was satisfied on the last trial that the tube had penetrated the trachea, and that the sensations of the patient were not to be relied on, when she ejected a portion of the contents of the stomach through the tube, and thus demonstrated not only the position of the instrument, but equally the correctness of her sensation.

It appeared very evident, also, in the course of these experiments, that the opinion of the operator, as to the course which the instrument takes, is unreliable, when he trusts to his own senses, and disregards symptoms. They witnessed in two cases the fallacy of Dr. Green's opinion, as to the success of his experiment, though based upon so large an experience. In both instances, while positive that he had successfully passed the instrument into the trachea, the patient vomited through the tube, and thus demonstrated his error.

II. *Facility of the operation.*—While these experiments proved conclusively to the minds of the committee, the practicability of passing tubes into the air-passages, they also afforded opportunities of witnessing the facility with which the operation is performed under the different circumstances, and with different instruments. These were as follows:—

1. *Previous preparation of the patient.*—It is contended that the facility with which the instrument is introduced depends much upon the previous preparation of the patient, by frequent application of the nitrate of silver to the upper part of the larynx. To obviate this objection, the committee met twice at Dr. Green's office, to witness the experiment upon patients whom he was treating with local applications to these parts, and at the second visit at Bellevue Hospital, the patients were selected from a class which had been expressly prepared for the experiment, by the application of caustic to the throat from three to five times during the preceding week.

The results of these experiments, however, do not sustain the above assertion. The patients, on whom Dr. Green had been operating for six months, more or less, were as intolerant of the actual passage of the tube in the trachea, as those first submitted to trial. The case of Mary Norton was adduced. Although the tube in her case had been passed into the trachea half-a-dozen times previously to her coming before the committee, still she exhibited, in the most marked manner, all the evidences characteristic of the introduction of a foreign body into the air-passages, when the tube was successfully passed.

2. *Instruments Employed.*—The facility with which catheterism of the air-passages is performed seems to depend in a great degree upon the instruments used. Those employed in these experiments were: 1. A tube, consisting of Hutching's catheter, No. 10, with a wire stilet, and bent with a curvature corresponding to a circle of six inches in diameter. 2. A tube of the same size, slightly bent at its extremity. This was the instrument selected by Dr. Green, and is the one which he is accustomed to use in practice. 3. A sponge armed probang, the sponge having a diameter of one half to three quarter of an inch. The result of the experiments with these several instruments was as follows:—

	No. of trials.	Failed.	Succeeded.	*Per cent.* Failures.
Tube with large curve,	19	8	11	about 28
Tube with small curve,	37	24	3	" 92
Sponge probang,	18	18	0	100

From these experiments it appears that the instrument best adapted to succeed in catheterism of the air-passages, it is a tube having a large curve, or one shaped like a common catheter; while that least adapted to enter the trachea is the sponge-armed probang.

1. *The Tube with a Large Curve.*—This instrument was introduced into the trachea eleven times, to the entire satisfaction of the Committee. The fact that the operators were successful eleven

times in nineteen trials, proves that this tube can be introduced with considerable certainty into the air-passage.

2. *The Tube with a Small Curve.*—This is the instrument selected by Dr. Green for catheterization of the air-passages, and is that which he uses in practice. In these experiments he was the only one who employed it, and the result shows that even in the hands of the most skillful practitioner, it failed of entering the air-passage in about 92 per cent. of trials.

3. *The Sponge-Probang.*—This instrument afforded the least satisfactory results of any used. Notwithstanding the most persevering efforts with the whalebone slightly bent, as used by Dr. Green, and with patients who quietly submitted to the test of experiment, the results were entirely negative. In no instance did it satisfactorily enter the trachea. In two instances, with the whalebone curved like a common catheter, the sponge was thought to have entered the larynx; but with repeated efforts it could not be passed between and beyond the vocal chords. The suffocation was so great each time as to compel a withdrawal of the instrument.

III. *The Utility of Injections into Tubercular Cavities of Lungs.*—This portion of the report was brief. As the Committee had no evidence that injection could be thrown into tubercular cavities of the lungs, they refused to discuss, on merely theoretical grounds, the question of their utility. One of the three cases injected with nitrate of silver died within twenty-four hours after the operation, not having recovered from its immediate effects. A letter was read from the physician who made the autopsy, describing the condition of the air-passages. The mucous membrane had the appearance of a recent application of the caustic.

Conclusions.—1. Catheterism of the air-passages dates its history from the time of Hippocrates.

2. The best evidence of the successful passage of an instrument into the air-passages, are rational signs.

3. The facility of the operation depends upon the kind of instrument used—the tube having a large curve being best, and the sponge-probang least adapted to enter the trachea.

4. That there is no reliable evidence, in the opinion of the Committee, that the sponge-probang has been passed through and beyond the vocal chords.

5. That there is no sure evidence that an instrument can be passed *at will* into the right or left bronchial divisions.

6. That the great majority of instances where injections are supposed to have been thrown into the lungs through a tube, they have passed directly into the stomach.

7. That as regards the utility of injections of nitrate of silver

into the lungs, the facts thus far developed in the experiment of the Committee, lead them to regard the operation as one fraught with danger as well as difficult.

This report was signed by Prof. Parker, Chairman, Drs. Wood, Metcalf, and Stone; Dr. Anderson subscribed to all but that bearing upon the utility of injections: this he did not think sufficiently investigated; Dr. Stevens, who witnessed but a few experiments, made a short report. Prof. Barker made a lengthy minority report.—*N. Y. Med. & Col. Sciences*

On the Treatment of the more Common Forms of Skin Diseases met with in Edinburgh.

By JOHN HUGHES BENNETT, M. D., F. R. S. E., Professor of the Institutes of Medicine, and of Clinical Medicine, in the University of Edinburgh.

Since the addition of a ward for skin diseases to the clinical department of the Royal Infirmary, I have had ample opportunities of determining what are the more common forms of cutaneous eruption met with in this city, and of trying various modes of treatment. A short account of the results of my experience in this department, excluding the eruptive fevers, may not be unacceptable to my medical brethren.

Eczema is by far the most common disease met with, both in its acute and chronic forms. The local treatment I have found most efficacious is that which I recommended. in the August number of the Journal for 1849. It consists in keeping the affected part moist with lint or linen saturated in a very weak alkaline solution, consisting of soda sub carb. ½ drachms to a point of water. For this purpose it is necessary to cover the moistened lint with oil silk, or gutta percha sheeting, which should well overlap the lint below, so as to prevent evaporation. The usual effect is soon to remove all local irritation, and especially the itching or smarting so distressing to the patient; to keep the surface clean and prevent the accumulation of those scabs and crusts, which in themselves often tend to keep up the disease. After a time, even the indurated parts begin to soften, the margins of the eruption lose their fiery red color, and merge into that of the healthy skin, and finally the whole surface assumes its normal character.

In private practice it is often a matter of great difficulty to secure a proper application of the lotion. Individuals are slow to accept the idea that constant moisture of the part is absolutely necessary for the treatment, and hence vigilant superintendence and equent visits are requisite, in order to watch the progress of the se. Even in the hospital constant watchfulness is necessary, to e that the nurses properly cover the eruption; and when, as sometimes happen, this task is given to the patients themselves, it almost always fails. Then there are some portions of. the surface which it is very difficult to keep moist and well covered, such as the face and axillæ. But, by carefully adapting lint and gutta percha sheeting, attaching strings to the edges of the latter, so as to keep the whole in its place, I have never failed in ultimately carrying out my object.

In addition to stating what I have found to be useful, it is important to say what I have, on careful trial, ascertained to be useless or injurious. Perhaps no remedy is more generally employed in this and a variety of other skin diseases than citrine ointment, an application that I have always found to irritate and make eczematous eruptions worse. At the same time there are some very chronic forms of the disease, which I have been told are cured by this preparation. but what these are I have been unable to ascertain. Indeed, all greasy applications whatever, in the majority of cases, are useless, and the patients themselves inform me, are very "heating." In some rebellious chronic instances, I have thought the oil of cade has been beneficial, applied locally, although I have not yet tried it sufficiently often to recommend it strongly. In a few cases of acute eczema, I have tried the freezing process recommended by Dr. Arnott, but the salt of the frigorific mixture, and the cold itself, has caused apparently so much agony that I have been deterred from using it, especially when the emollient moist alkaline application is so efficacious. This mode of treatment, however, undoubtedly demands further trial, and I propose to report a more extended experience of it on some future occasion.

Herpes.—This disease generally runs its course in about fourteen days, and requires no treatment whatever, further than an acetate of lead lotion to allay the smarting. It is not very common.

Scabies occurs very frequently, and is cured by a host of remedies. A strong lather, made of common soft soap and warm water, twice a day, answers very well. The question with scabies is not what remedy is useful, but which will cure it in the shortest period. The most extensive experience at St. Louis has shown that the sulphur and alkaline, or Helmérinch's ointment, cures itch, on an average, in ten days. That sulphur, however, is not the active remedy, I have satisfied myself of by experiment. Soft soap, as we have seen, which contains alkali, and even simple lard, if pains be taken to keep the parts constantly covered with it, will cure the disease as soon as sulphur ointment. I have tried the Stavesacre ointment, recommended by M. Bourguinon, in only a few cases, but found it to answer very well. Its superiority, however, over other applications, I am not yet prepared to admit.

Pemphibus.—This is rather a rare disease, and when chronic, coming out in excessive crops, is very rebellious. Two cases which entered the Infirmary last winter were cured in a few weeks by the weak alkaline wash, applied as in the case of eczema, combined with generous diet.

Impetigo.—This affection in all its forms is very common, and is best treated by the weak alkaline wash, exactly the same as in eczema. In the chronic forms which attack the shin of men, constituting one of the varieties of mentagra, the same treatment cures the most rebellious cases, if the moisture be constantly preserved. For this purpose the hair must be cautiously cut short with sharp scissors, and the razor carefully avoided. If the side of the cheek covered by the whisker be attacked, removal of the hair thence also is essential to treatment. A bag or covering accurately adapted to the part affected must be made of gutta percha sheeting, and tied on with strings. This may be covered with a piece of black silk, to allow the individual to go about and carry on his usual occupations. In this way I have frequently seen chronic impetigo of the shin, of from eight to ten years' standing, completely removed in a few weeks. But then the surface must be kept *constantly* moist, a circumstance requiring great care and determination on the part of the patient. When it becomes necessary to shave, flour and warm water should be used, and not soap. Alkalies applied from time to time only, as in the wash or soap, always irritate, although, when employed continuously, they are soothing.

Ecthyma is not a common disease, and usually presents itself as the E. *cacheticum*, requiring in addition to the alkaline wash locally, a generous diet.

Acne is a disease always requiring constitutional rather than local remedies. Although not uncommon in private, it is rare in hospital practice. Careful regulation of the diet, abstinence from wine and stimulating articles of food, watering places, baths, etc., etc., constitute the appropriate treatment.

Rupia.—This disease I have never seen occur but in individuals who have been subjected to the influence of mercurial poisoning. Hydriodate of potassium and tonic remedies, with careful avoidance of mercury in all its forms, is the treatment I have found most successful.

Lichen and Prurigo.—In both these affections constant inunction with lard is as beneficial as constant moisture in the eczematous and impetigious disorders. In the prurigo of aged persons, he *Ung. Hyd. Precip. Alb.* is a useful application, although the disease is not unfrequently so rebellious as only to admit of palliation. The chronic papular diseases often constituted the despair of the physician.

Psoriasis, and that modification of it known as lepra, are very common diseases, and are uniformly treated by me externally with pitch ointment. I have satisfied myself by careful trials that it is the pitch applied to the part that is the beneficial agents, as I have given pitch pills, and infusion of pitch, largely internally without benefit. With the hope of obtaining a less disagreeable remedy, I have frequently tried creosote, and naptha ointment and washes, but also without benefit. Lastly, I have caused simple lard to be rubbed in for a lengthened time, but without doing the slightest good. The oil of cade is also very useful, especially in psoriasis of the scalp. Internally, I give five drops each of Fowler's solution, and of the tr. cantharidis. It is rare that the internal treatment alone produces any effect on a case of psoriasis of any standing. If a case resists this conjoined external and internal treatment, I have always found it incurable. About a year ago I carefully treated a series of cases internally, with Donovan's solution, without producing the slightest benefit.

Lupus is a constitutional disease, and must be treated by cod liver oil, and all those remedies useful for scrofula, of which it is a local manifestation. The external treatment is surgical, consisting of the occasional application of caustics, red lotion, ointment, etc., according to the appearance of the sore.

Fevus is a very common disease in Edinburgh, and is most readily removed, first, by poulticing the crusts till they fall off, and the skin presents a smooth, clean surface; secondly, by shaving the hair; and, thirdly, by keeping the scalp continually covered with oil, so as to exclude the atmosphere, and prevent the growth of the parasitic fungi, which constitutes the disease. A continuance of this treatment for six weeks, produces a cure in young persons, if combined with cod liver oil, generous diet, and anti-scrofulous remedies internally. I have tried the lotion of sulphurous acid, recommended by Dr. Jenner, and found it successful in a few cases, but the treatment by oil is so easy as to be far preferable to it. Very chronic cases are cured with difficulty, but so long as the oil is applied, the disease never returns, and mere freedom from the disgusting crusts is a great gain.

Scalp Diseases must be treated according as it depends on eczema, impetigo, psoriasis, or favus, in all cases first removing the crusts with poultices, then keeping the head shaved, and, lastly, applying alkaline washes, pitch ointment, or oil, according to the directions formerly given. Ringworm is a disease I have never seen in Edinburgh, and of what it consists, I am ignorant. Some writers apparently consider it to be favus, and others a form of herpes. On two or three occasions I have seen a scaly disease of the scalp in the form of a ring—that is lepra, which I have cured by pitch oitment, or oil of cade. My friends, Dr. Andrew Wood, informed me some time ago, that he banished it from the Heriot's Hospital school by condensing on the eruption the fumes of coarse brown paper, and thus causing an empyreumatic oil, or kind of tar, to fall upon the part. This has led me to suppose that it is a scaly disease, and a form of lepra or psoriasis.

So-called *syphilitic diseases* of the skin, are, in my opinion, the various disorders already alluded to, modified by occurring in individuals who have suffered for periods more or less long, from the poisonous action of mercury. A longer time will be required for their cure, but the same remedies locally, conjoined with hydriodate of potassium, in smaller doses, with bitter infusions, tonics, and a regulated diet, offer the best chance of success.

The great difficulty in the treatment of skin diseases, generally consists in their having been mismanaged in the early stages—a circumstance I attribute to their not having, until a recent period, been much studied by clinical students. Many chronic cases of eczema are continually coming under my notice, which, in their acute forms, have been treated by eitine ointment, or other irritating applications, which almost invariably exasperate the disorder. I shall not easily forget the case of one gentleman, covered all over with acute eczema, who had suffered excessive from its having been mistaken for psoriasis, and rubbed for some time with pitch, ointment. In the same way I have seen a simple herpes, which would have readily got well if left to itself converted into an ulcerative sore, by the use of mercurial ointment. Nothing is more common than to confound chronic eczema of the scalp with favus, although the misroscope furnishes us with the most exact means of diagnosis. I need scarcely say that the correct application of the remedies I have spoken of can be secured by an acurate discrimination, in the first instance, of the diseases to which they are applicable.

The general constitutional treatment in all these cases seldom demands aperient or lowering remedies, except in young and robust individuals with febrile symptoms. In the great majority of cases, cod liver oil, good diet, and tonics are required. In a few instances, sedatives, both locally and internally, are necessary to overcome excessive itching or irritation. These the judicious practitioner will readily understand how to apply according to circumstances.—*Ibd.*

From the New Hampshire Journal of Medicine.

United States Marine Hospital. Dr. CHAS. A. DAVIS, Superintendent. ALPH. B. CROSBY, House Surgeon.

One of the most common diseases among seafaring men is the chronic dysentery, acquired on the east coast of Africa. This is technically known among the sailors as the "coast dysentery," and is justly regarded as the bane of that locality. Few of those who visit those shores escape without suffering more or less from this distressing malady. The north-western coast of Africa is infested with various miasmatic diseases, among which, perhaps, the most prominent is bilious remittent fever. The diseases of this portion of the country are not always, nor even generally, complicated with diarrhœa, but on the south-western coast dysentery is one, if not *the* disease to be feared. Much of this is due to the climate, and much, undoubtedly, is to be attributed to the influence of malaria. The thermometer during the twenty-four hours frequently ranges from 60 to 100°, and even higher. The most intense heat usually commences between ten and eleven o'clock, A.M, and continues, with only slight abatement, until sun-down. Immediately after sunset the temperature is reduced with great rapidity until the thermometer stands in the vicinity of 60°. This sudden transition in the temperature of 40° is itself a strong predisposing cause of disease. The fall of dew is very copious—so much so as to saturate the clothes of those who are exposed to it. The heat is so intense that the pitch frequently melts and runs from the beams, and the decks must be constantly wet to prevent their cracking. The subsequent reduction of temperature coming as it does so suddenly, cannot fail to prove deleterious.

The class of men who visit this coast are much given to excess in drink and venery. With such predisposing and exciting courses, few persons escape the disease. The disease is sometimes ushered in with a chill—sometimes not; the pulse is accelerated, the tongue slightly coated, and general febrile symptoms ensue. There is always tenesmus, and the stools are bloody and slimy. The frequency of the stools is usually very great, as many even as fifty in the twenty-four hours. Great emaciation ensues, and the face acquires a sallow and cadaverous hue. The liver almost always becomes involved in the course of the disease, and hepatic abscess is of no unfrequent occurrence. An enormous appetite is an accompaniment of the acute stage of the disorder, which, if gratified, creates a sensation of distress in the epigastric region, and aggravates the complaint. After a longer or shorter time, in the acute form, there is usually a lull in all the symptoms; the discharges diminish, the strength improves, and nature seems to make an attempt at recuperation. The improvement is only temporary, the violence of the symptoms soon returns, the emaciation becomes extreme, the feet and legs are frequently anasarcous, and death results from asthenia. This, then, in brief, is the course and termination of the disease if left to itself. It may occupy a few days, a few months, or a few years. Most of the patients are admitted into this hospital after the disease has become chronic, and the time occupied in recovering will range on an average from two months to two years and upward, providing they are subjected to the proper mode of treatment. The lesions in this disorder are quite constant; traces and effects of inflammation exist in the colon, and in many cases in the rectum; also patches of ulceration are found throughout the large intestine and caecum; the mucous membrane is injected in various places; pseudo membranous matter is found in shreds and layers. The mucous membrane is sometimes disorganized, even to the extent of complete sphacelus, perforation frequently exists, having been the immediate cause of death. Evidences of recent gastritis sometimes are apparent. The treatment is very simple, much depending on a well regulated diet. Boiled milk and bread is the diet furnished for these patients in this institution, and the amelioration following this course is very marked. Laxatives employed occasionally, with opium and ipecacuanha, are frequently of great service. Among the alteratives, sulphate of copper, balsam copaiba and oil of turpentine, et cetera, are in many cases efficacious. The Germans lay great stress on injections of nitrate of silver, a flexible tube being introduced as far as it can be conveniently, and a strong solution thrown up. The great majority of patients with this disease recover. The treatment which has seemed most successful here has been a well regulated diet rigidly enforced, and pills containing a grain of opium with a third of a grain of sulphate of copper. This, with a careful attention to the condition of the skin, liver, &c., proves successful in a great majority. I am induced to cite a single case, which, although a fatal one, possesses some points of interest, and shows the result of improper treatment in chronic dysentery. This patient was discharged from the hospital three weeks previously, apparently cured, was advised to pursue a tonic course, and avoid all error in diet This advice was not followed, and subsequently applying to a physician, he was advised to drink freely of alcoholic stimulants. I am informed by the person who furnished him, that the quantity of brandy, wines, &c., which he daily consumed, were enormous. On his admission, he complained of violent gastritis, and had deep seated pains over the kidneys, and liver. The discharges from the bowels were not profuse. During the last few days of his life, he was unable to retain anything in his stomach. In addition to his disease, he had to contend with that terrible depressive despair. Even the non-medical Byron was aware of its malignity, and has well expressed it,

> "Despair of all recovery spoils longevity,
> And makes men's mis'ries of alarming brevity."

The invariable remark of this patient was, "I shall go out feet first." He did go out that way, on the morning of May 28. An autopsy 36 hours after death, presented the following appearances: the whole mucous surface of the stomach in various stages of inflammation, a large part of a slate color; in the base of the stomach a perforation the size of a half dollar, the edges of which were entirely healed, with the exception of a distance of three or four lines. This portion of the stomach was healed to the intestine just below; traces of old inflammation in the colon, mucous coat thickened, but presenting generally a healthy appearance; kidneys hypertrophied and showing fully degeneration; liver weighed nearly six pounds; postero superior portion, adherent to the costal wall; liver being removed a portion remained adhered, the inter-substances soft and easily broken. Mr. Haskall the apothecary at this hospital, (to whom I am indebted for many interesting facts with regard to the "coast" and its diseases) was himself afflicted with this disease for a period of twenty-eight months. He has now entirely recovered. There is at present in one of the wards, a sailor who, on his admission a month since, had eight and forty discharges in the four and twenty hours, anasarca of the feet and legs, and almost frightful debility. His discharges now number only six in the four and twenty hours, strength much improved, and his limbs no longer anasarcous. This patient is half idiotic, had he known enough he would probably have died. With him however,

> "Ignorance is bliss."

and he is now rapidly recovering.

Chelsea, Mass., June, 1855.

BOOK NOTICES.

History of the American Medical Association, from its organization up to January, 1855. By N. S. Davis, M.D., Professor of Principles and Practice of Medicine and Clinical Medicine in Rush Medical College, etc. etc., to which is appended biographical notices, with portraits of the presidents of the Association and of the author. Philadelphia: Lippincott, Grambo & Co. 1855.

The work of which the above is the title, appeared anonymously in the New Jersey Medical Reporter, where it attracted the notice of the profession to such an extent as to induce the publishers to present it to the public in its present form. The American Medical Association is certainly one of the most important organizations of the present day, and there is no one perhaps so intimately acquainted with its origin and the details of its history as Dr. Davis, and none better qualified to write its annals.

The object of the work is to awaken a deeper interest in the cause of medical progress, and we are quite confident that no one can read its pages without feeling a stronger attachment to the noble profession of medicine, and a more earnest desire to see its institutions sustained, its character elevated, and its honor advanced.

The portraits are excellent likenesses of men whom the profession have delighted to honor, and the biographical notices constitute an interesting portion of the work.

We believe there are a limited number of copies in the city, which can be obtained by addressing the author. H. A. J.

The pathology of Leucorrhœa, by W. Tyler Smith, M. D., &c., &c., Philadelphia ; Blanchard & Lea, 1855.

The writings of Dr. Smith, on this subject have already made the profession aware of the manner in which he has investigated this subject, and in part at least with the views which he entertains in regard to it—A careful antaomical and physiological examination of the structures implicated, has furnished a basis for a division of Leucorrhœa into two varieties, mucous and epithelial. The grounds of this division will, perhaps be better understood from the following extract. :

> The demonstration of two very differently organized surfaces in the vagina, and in the canal of the cervix uteri, with the existence of two very distinct forms of leucorrhœa. But at this point it may be well to revert for a moment to the special differences which exist between the vagina and the cervical canal. The lining membrane of the vagina approaches in organization to the skin; it is covered by a thick layer of scaly epithelium ; it contains in the greater part of its surface few if any mucous follicles or glands; ecretion is acid, consisting entirely of plasma and epithelium, he chief object of the secretion is the lubrication of the surupon which it is formed. On the other hand, the lining of

the canal of the cervix is a true mucous membrane; it is covered in great part by cylinder epithelium; it abounds with immense numbers of mucous follicles having a special arrangement; it pours forth a true mucous secretion, alkaline in character, and consisting of mucus-corpuscles and plasma, with little or no epithelium; and this secretion has special uses to perform in the unimpregnated state, and in pregnancy and parturition. Leucorrhœa admits of a similar division. The first and the most frequent and important is the Mucous variety consisting chiefly of mucus-corpuscles and plasma, and secreted chiefly by the follicular canal of the cervix. The second is the Epithelial variety, in which the discharge is Vaginal, or is secreted by the vaginal portion of the os and cervix, and consists for the most part of scaly epithelium and its *debris*. These two varieties may of course exist in various degrees of combination; sometimes the one and sometimes the other preponderates, or is the original affection; but the chief importance must be given to cervical or mucous leucorrhœa, as being the most obstinate and common.

It has been shown by Dr. Smith that a mere physical examination, without the aid of the miscroscope, is not sufficient to determine the variety, although the secretion from the cervix is alkaline and glairy, and that of the vagina acid and creamy. The cervical discharge coming in contact with the vaginal mucous membrane, loses its characteristic appearance, and can only be distinguished by the microscope from the epithelial secretion of the surface with which it is in contact. The microscopic characters are contrasted as follows:

The following are the elements found in the discharges in vaginal or epithelial leucorrhœa of different degrees of severity—

1. Acid Plasma.
2. Scaly Epithelium.
3. Pus-Corpuscles.
4. Blood-globules.
5. Fatty Matter.

The following are the elements found in the different forms of cervical or mucous leucorrhœa—

1. Alkaline Plasma.
2. Mucus-Corpuscles.
3. Altered Cylinder Epithelium.
4. Pus-Corpuscles
5. Blood-Globules.
6. Fatty Particles.

The sequelæ of Leucorrhœa are discussed at some length.—These are inflammation, abrasion, ulceration, induration and hypertrohpy of the os and cervix uteri, and abrasion and superficial ulceration of the vagina. We quote the paragraph on the points of diagnosis between leucorrhœa and cancer. In addition to the cancer smell, he says—

> To the naked eye, the commencement of carcinoma of the uterus can sometimes scarcely if at all be distinguished from common induration. Common induration may be quite as solid and stonelike to the touch as the cancerous hardness, but the schirrous affection often extends from the os uteri to the structure before and behind it, so that the os uteri becomes fixed, whereas this never happens in cases of simple induration, except in cases where there has been ulceration and cicitrization of the vagina. If it should happen that an incision be made into the induration, there is no longer any doubt, as the gritty secretion conveyed by schirrous uteri is altogether unlike that of simple ulceration. The age of the patient is of some value in the diagnosis, as common induration frequently occurs in young childbearing women, while schirrus is more common, as the catemenial decline approaches.
>
> When cancerous induration begins to soften, especially if this process take place slowly, the granulations are frequently red, even and with a tolerably clear and well-defined margin. To the naked eye alone, the difference between malignant and common ulcerations is sometimes inappreciable. As soon, however, as ulceration commences, digital examination readily settles any doubt. The ulceration in cases of carcinoma is always rough, indurated, and harsh to the touch, while common ulceration is as constantly soft and yielding to the finger. If the speculum alone be trusted to, it is easy to mistake carcinomatous ulceration for simple ulceration, and *vice versa*. A short time since I had a case under my care at St Mary's Hospital, sent to me by Mr. Truran, of Truro, in which the naked-eye appearances were very deceptive. The case was considered to be one of corroding ulcer, but at the time she was admitted I happened to have a scratch upon the index finger, and examined her in consequence with the speculum only; the ulceration of the os and external surface was so smooth, and the natural shape of the os and cervix so well preserved, that I hesitated about considering it as carcinomatous. A few days afterwards, when I examined her digitally, there was no question about the the matter, but the information conveyed by sight and h is sometimes, as in this case, quite contradictory, and there- visual examination cannot alone be depended on. On the hand, I have known simple ulceration present such an ap-

pearance to the eye as to lead to the strong suspicion of cancer. but the slightest touch of the finger has been sufficient to dispel the alarm. The occurrence of hemorrhage is of some value in a diagnostic point of view. Hemorrhage occurs in simple ulceration, but the loss is hardly ever so sudden and of such an extent as often occurs in cancer.

The examination of the discharge by the miscroscope does not invariably give satisfactory evidence in cases of carcinoma, but generally the heterogeneous compound cells, and the ill-formed cancer pus-cells are present, mixed up with enormous quantities of epithelium.

He next discusses the relations between secondary syphilis and leucorrhœa. The author thinks that syphilitic leucorrhœa occurs with certainty only under two conditions:

"1st. When the patient has contracted primary syphilis, and the secondary or constitutional affection has followed in due course.

2d. When the mother, being in health, is impregnated by a husband who is at the time affected with secondary syphilis, and receives the secondary syphilitic disorder through the medium of the ovum."

In chapter eighth the author discusses the relation of vaginal or epithelial leucorrhœa to gonorrhœa in the female, to urethritis in the male, and to opthalmia of new-born infants. In reference to urethritis in the male caused by leucorrhœa, the author says:

> Cases are sometimes met with in practice, in which all the symptoms of gonorrhœa occur in the male, after intercourse with a woman affected with leucorrhœa only. No doubt in some of these cases, gonorrhœa may have existed in the female, but they occur so often as to leave, I think, little question that under certain circumstances, a spotaneous leucorrhœa arising independently of sexual intercourse, may produce urethritis and inflammation of the glans penis in the male. The urethritis thus caused can scarcely, if at all, be distinguished from gonorrhœa, the result of infection.

We have not time to follow the author further, although the remaining subjects are of much interest

Dr. Smith has done the profession a valuable service in the production of this little volume. That portion devoted to the treatment of leucorrhœa, especially supplies a want which the profession will no doubt appreciate.

The work is for sale by Keen & Lee. J.

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An essay to prove the Contagious character of Malignant Cholera, with brief instructions for its prevention and cure. By Bernard M. Byrne, M.D., Surgeon U.S. Army. Second edition, with additional notes by the author. Philadelphia: Childs & Peterson. 1855.

The discovery of the cause, nature, cure and prevention of Epidemic Cholera. By M. L. Knapp, M.D., etc.

The first of these essays is a new edition of a pamphlet by the author, published in 1833.

The facts adduced in favor of Contagion are divided into two classes, general and particular. The general facts are:

1. Its power of progression.
2. The continuous line of posts by which it travels.
3. The irregularity of its progress.
4. The preference which it manifests for those routes in which there is the greatest intercourse.
5. The irregularity of its periods of increase and decline in the different places which it visits.

The particular facts consist of individual instances, in which the disease has been developed simultaneously with or subsequently to the arrival of persons afflicted with it. The author seems to us to leave the subject as much befogged as he found it. Among the extravagant assertions demanding for its belief a greater faith than ours, is the following: "If we estimate the proportion of attendants who actually die of cholera in the country, we shall find that in many places it exceeds five hundred to one of any other class of inhabitants."

Under the head of prevention, he holds the following language, which seems to us to be virtually yielding the question, or at least leaving to it the same uncertainty which attaches to all epidemics:

> In order to guard against the general incursions of cholera, as well as against its individual attacks, it is necessary to be particularly mindful of two facts: one is, that the poison which produces this disease has its source in the human body *only;* the other, that this poison is, in a majority of cases, incapable of producing the disease, unless assisted by an exciting cause.

In reference to treatment the following is perhaps worthy of note:

> The grand indication for the cure of cholera, in all its stages, is to restore the secretions; and to accomplish this, there is no agent with which we are acquainted so powerful as mercury. It is impossible, therefore, that patients can go wrong in endeavoring, before the arrival of a physician, to bring their systems under the influence of this remedy; for it is one which will generally save life, if promptly and copiously employed in this stage of the disease.
>
> The treatment in collapse differs materially from that which is employed in the other stages of cholera. Diffusible stimulants, large doses of calomel, and powerful astringent injections, are the remedies on which we must mainly rely. In this stage, blood-letting is fatal; and frictions of every description are useless, if not pernicious. Our principal aim should be, to raise the sinking powers of the system by stimulants, while we endeavor at the same time to equalize them by the exhibition of calomel.
>
> The best stimulants for this purpose are, spirits of camphor, sulphuric ether, ammoniated alcohol, tincture of prickly ash, and the various species of ardent spirits.

Dr. Knapp assumes that the cause that produces cholera is an "error in the vital stimulus of food," and that that error consists in a "scarcity," that "*cholera is but a modified form of scorbutus*, or a young sister scourge of the same family, probably better expressed by calling it a hœmorrhagic termination or a manifestation of the dying phenomena of scorbutus." The remainder of the pamphlet is occupied in endeavoring to prove this hypothesis.

J.

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Manual of Human Microscopic Anatomy. By A. Koleker, Professor of Anatomy and Physiology in Wurzburg. Translated by George Busk, F. R. S., and Thomas Huxley, F. R. S. Edited, with notes and additions, by J. Da Costa, M. D. Illustrated by three hundred and thirteen engravings on wood. Philadelphia—Lippincott, Grambo, & Co., 1854.

The American Edition of Professor Koleker's "Manual of Human Histology," contains all that is known in this department of science up to the date of its publication. So far as medicine is concerned, a knowledge of the minute structure of parts is quite as necessary for the perfect understanding of the pathology of disease as the coarse anatomy of the body, and indeed still more so; for the one only enables us to learn, so to speak, its geographical position, while the other reveals to us the morphological elements of the structure which it invades, and the changes which it induces.

With the invention of the microscope and its application to the study of natural history, was ushered in a new era in the annals of our science. A host of observers immediately commenced the interesting study of the new world which had been revealed by this wonderful instrument. Amid so much that was new and startling, it was not strange that the imaginations of many were excited, and that the facts which they saw were mingled with vague theories and fanciful interpretations. To Schleiden and Schwann we are indebted for the foundations of microscopy as a science; while among those who have been most zealous in promoting that science, in correcting errors, and bringing to light new truths, the author of this work deservedly holds the most prominent position. The translators and the American editor have each done their duty, and the notes which they have appended add not a little to the value of the work.

For sale by D. B. Cooke & Co. J.

EDITORIAL.

Clinical Remarks on Dysentery, founded on cases treated in the Mercy Hospital, Chicago, and in private practice.

As the present is the season of the year when Dysentery is most prevalent, I have thought it not amiss to give a brief summary of my own clinical or bed-side experience during the past year. The whole number of cases of severe disease treated in the Mercy Hospital of this city, during the year 1854, was about 570; of which 42 were dysentery, 99 typhoid fever, 9 typhus, 49 diarrhœa, 30 cholera, 45 periodical fever, and 12 tubercular phthisis.

Nearly all the cases of dysentery were admitted in an advanced stage of the disease, and 18 had become chronic with evident ulceration of the bowels. Of the more recent cases, none were admitted between the first of January, 1854, and the first of July, and 24 between the last named date and the thirty-first day of December. If we divide the time more closely, we shall find that of the recent cases 23 were admitted during the months of Aug., Sept., and October; while of the chronic cases 14, or nearly four-fifths were admitted in the months of October and November. Of the 24 recent cases 18 recovered and 6 died. Of the 18 chronic cases 11 recovered and 7 died; making 13 deaths in 42 cases, or nearly one-third of the whole. Without explanation this would appear like a high ratio of mortality; but those classed as recent cases were all admitted in an advanced stage of the disease, and from among the poorer classes. Of the 6 deaths among them, two occurred during the first twenty-four hours after admission, one on the third day and two on the fifth. The average duration of the treatment in all the more recent cases was eight days; in those classed as chronic twenty-five days. To show the difference in results between hospital practice, where nearly all the acute diseases are brought in an advanced stage of their progress, and from among those classes who live in the most filthy streets and pay the least attention to hygienic regulations, and ordinary private practice in the same city, I will state that during the first 25 days of the present month (July 1855), I treated in private practice 49 cases of Dysentery, including adults and children, of which 48 recovered and 1 died. The duration of the treatment was from three to ten days. The character of the disease, as I have met with it during the present season, has been decidedly active or inflammatory. Most of the cases commence with a slight chilliness, followed by pains in the head, back and limbs; a flushed face; dry, hot skin; a white or yellowish white coat upon the tongue; thirst; restlessness; a quick and firm pulse, very severe griping pains in the abdomen, with tenesmus; and frequent discharges, at first of glairy mucus, plentifully mixed with blood, and subsequently of a whitish, flakey mucus, mixed with blood, but small in quantity. The urine is generally scanty and high colored, and in many cases accompanied by severe tenesmus, it becomes almost suppressed, or voided with much pain, and in very small quantities at a time. If the disease continues uncontrolled by treatment, the patient rapidly emaciates, and after six or eight days the features become pale and contracted, the skin remains dry but not hot, the tongue often presents a dry and and reddish-brown streak over the middle. The patient complains of less pain in the abdomen, but is still harrassed with the desire to go to stool often, sometimes sitting a long time and passing nothing, more frequently giving passage to a small quantity of muco-purulent matter, containing shreds of coagulated lymph and streaks of blood.

In other instances the discharge becomes more copious, consisting of serum rendered dark-red by the intermixture of blood, and holding suspended flakes of mucous or lymph. With such, as the disease advances, the eyes become deeply sunken, the lips often leaden color, the countenance haggard, the skin cool, the mind lethargic, and the pulse frequent and feeble. In a considerable number of cases the stomach is irritable from the commencement of the disease; and about the second or third day the vomiting becomes frequent, and the matter vomited consists of water colored ellow or slightly green, but subsequently it becomes a deep cop- green, or sky blue color. In these cases where the treatment neglected in the beginning, or badly managed, I have found this symptom exceedingly persistent and troublesome. It is almost always accompanied by a feeling of great oppression and distress at the epigastrium, which is somewhat relieved by each act of vomiting. In a few cases seen during the present summer, the distress at the epigastrium extended through the chest to the top of the sternum, accompanied by extreme anxiety, a sense of suffocation, and occasional palpitations of the heart. In nearly all of these bad cases, the symptoms have been distinctly *remittent*, they generally being the worst during the night, and ameliorated for two or three hours in the morning. On the other hand I have met with a few cases in which the constitutional or general symptoms were exceedingly slight, the patients complaining of little else than a frequent desire to defecate, with transient pains in the course of the colon, and bloody, mucous discharges.

TREATMENT.—In a disease so variable in its symptoms and degree of severity as dysentery, the treatment must of course vary also very much. In ordinary cases, when called during the first two or three days after the commencement of the disease, I direct for an adult something like the following, viz:

℞	Sub. murias. hydrarg.,	12 grs.
	Pulv. opii,	10 grs.
	White sugar,	30 grs.

Mix and divide into six powders; one to be taken every two, three, or four hours, according to the severity of the symptoms, and continued until the discharges are stopped and the bowels have been quiet from eight to twelve hours at least. At the same time if the pain in the abdomen has been severe, I cover it with fomentations of hops, and keep up the action of the kidneys by giving between the powders a teaspoonful of the Spts. Nit. Dulcis. Generally after continuing this treatment 24 hours, I find the skin less hot and dry, the pulse less quick, the discharges either entirely suppressed or less frequent and painful, but the patient feeling dull and heavy. If the discharges from the bowels are entirely stopped, I allow them to remain so from 12 to 18 hours, and then move them by means of castor oil or seidleitz powders, being always careful to leave an anodyne sufficient to promptly quiet the bowels after two or three fecal evacuations have occurred. This treatment, which usually occupies about two days, is in some cases all that is required; but more frequently there remains some griping pains, with frequent disposition to go to stool, and discharges of a slimy character streaked with blood; but without much general febrile action. At this stage of the trouble I put the patients upon the use of the emulsion of oil of turpentine and laudanum, or of pills of nitrate of silver and opii, and sometimes of both, taken alternately. The formula for the emulsion has been several times published in the Journal in connexion with former reports, and is as follows, viz.:

℞ Ol. Terebinth, ʒij.
Tinct. Opii, ʒij.
Pulv G. Arabac } aa. ʒiij.
White sugar, }
Rub together thoroughly and add
Mint Water, ℥ij.

Mix, and give one teaspoonful every two or four hours, according to the frequency of the discharges. When I use the nitrate of silver, it is generally in the form of pills, as follows, viz.:

℞ Nitras Argenti, 7 grs.
Pulv Opii, 20 grs.

Mix and divide into 20 pills, of which one may be given every two, three or four hours. By these pills or the emulsion, or the two given alternately, at just such intervals as will suppress the pain and limit the discharges to from three to six in the twenty-four hours, the patients will generally entirely recover in from four to seven days.

While this is the case with a large majority of the cases I meet with, there are still many exceptions. For instance, in those cases described as connected with persistent vomiting, it is necessary to give the calomel combined with morphine, in divided doses often repeated, with strong sinapisms over the epigastrium, and repeated enemas of cold water and laudanum thrown into the rectum. And when the first febrile symptoms have abated, the skin become ol, the pulse soft and quick, and yet the patient restless with a se of oppression at the lower end of the sternum, with occa- nal vomiting of green or blueish water, I have found the following mixture to succeed better than anything else in most cases, viz.:

℞	Chloride of Sodium,	ʒij.
	Tinct. Opii,	ʒij.
	Sulph Quinine,	15 grs.
	Water,	℥iv.

Mix, and shake it well before using, and give a dessert spoonful every two or three hours.

At the same time give after each second evacuation an enema, consisting of half a teacupful of cold water, with one teaspoonful of laudanum and ten grs. of Quinine. Another preparation which I have found of much value, in cases where, after the general febrile symptoms have abated or entirely disappeared, the tenesmus, with disposition to be frequently on the stool and yet but little discharge, continues, is as follows, viz.:

℞.	Strychnine,	1 gr.
	Nitric Acid,	ʒj.
	Tinct. Opii,	ʒij.
	Water,	℥ij.

Mix, give one tea-spoonful every two or three hours in plenty of sweetened water.

In those few cases accompanied by decided *periodicity*, I add anti-periodic doses of the tannate of quinine to the other remedies indicated, with the most prompt benefit. In treating the dysentery in children, I use the same remedies as in the adult, only altering the dose to correspond with the age of the child. In them however, one of the most troublesome symptoms is a suppression of urine, especially while they are kept much under the influence of opiates. I have met with many cases of children under two years of age, to whom it was impossible to give sufficient opiates in any form, to quiet the bowels without so far suppressing the secretion from the kidneys, that the little sufferers become extremely restless and feverish, or so lethargic that they could scarcely be aroused at all. In such cases I have found the best effects from the following, viz.:

℞. Erigeron Canadensis, ℥ss
Lycopus Virginicus, ℥ss.
Boiling water 1 pint. Make an infusion, and when cold give to an adult one or two tablespoonsful every hour or two. To children under two years a teaspoonful may be given every half hour or hour. In cases where the patients are much reduced and the skin cool, the Tannate of Quinine may be added to the infusion with benefit.

During the last month, I met with two or three young children affected with severe dysentery, which resisted every means I could adopt for several days. Opiates, either with or without alteratives and astringents, invariably suppressed the urinary secretion, and increased the nausea and vomiting, or rendered the patients lethargic to a dangerous degree. In all these I found very much benefit from the use of the above infusion, given in small and frequently repeated doses.

It stopped the vomiting entirely, lessened the frequency of the discharge from the bowels, and rendered them more healthy, while a good secretion from the kidneys was maintained. One of the worst cases I met with was a little child aged 18 months.—The gastric and intestinal irritation was severe, and the discharges continued bloody, muco-purulent, and frequent, until a dangerous degree of prostration ensued. After trying remedies by the mouth and rectum, until I was well nigh discouraged, I took a tumbler full of the above named infusion, added to it 10 grs. of Tannate of Quinine, a few drops of peppermint, and sugar enough to make it pleasant. This was given in doses of a dessert spoonful so frequently repeated, that it was nearly all taken in 24 hours; at the end of which time the stomach had become quiet, the secretion from the kidneys good, and the discharges from the bowels much less frequent and more fecal. By continuing the infusion the patient was enabled to retain in addition a few drops of the emulsion of turpentine and laudanum three or four times a day, and fully recovered. I had intended to add many other items on the treatment of Dysentery, but present space will not permit.

N. S. D.

COLLEGE OF PHYSICIANS AND SURGEONS,

NEW YORK,

FORTY-NINTH SESSION, 1855-56.

THE Lectures will commence on Tuesday October 16, 1855, and continue until March 15th, 1856.

FACULTY.

Alex. H. Stevens, M.D., President and Emeritus Professor of Surgery.
Joseph M. Smith, M.D., Professor of Materia Medica and Clinical Medicine.
John Torrey, M.D., L.L.D., Professor of Chemistry and Botany.
Robert Watts, M.D., Professor of Anatomy.
Willard Parker, M.D., Professor of Surgery.
Chandler R. Gilman, M.D., Professor of Obstetrics.
Alonzo Clark, M.D., Professor of Pathology and Practical Medicine.
Elisha Bartlett, M.D., Emeritus Professor of Materia Madica.
John C. Dalton, Jr., M.D., Professor of Physiology and Microscopic Anatomy.
Lewis A. Sayre, M.D., Prosector of Surgery.
George T Elliot, M.D., Assistant to the Professor of Obstetrics.
John A. Lidell, M.D. Demonstrator.

FEES

For a whole course, $105. Matriculation Fee, $5 ; Graduation Fee, $25.

PRELIMINARY COURSE.

This course will commence Sept. 25th and continue until October 16. Lectures free to the matriculated students of the College.

NEW BUILDING.—The Trustees have purchased a lot in the vicinity of Bellevue Hospital, on which they are now erecting a college edifice, 65 feet by 100, which will, they hope, equal if not surpass any building in the country. It will contain lecture rooms of the largest size and most approved construction, a well lighted and thoroughly ventilated dissecting room, 20 by 75 feet, with every other requisite for comfort and convenience.

The building will be inaugurated with appropriate ceremonies on Nov. 5, 1855.

Clinical instruction will be given at the New York Hospital, by Prof. Smith, and at Bellevue Hospital by Prof. Clark.

ROBERT WATTS, M.D.,
Dean of the Faculty.

College of Physicians and Surgeons,
67 Crosby street.

ST. LOUIS MEDICAL COLLEGE.

(Formerly Medical Department of St. Louis University.)

THE Regular Lectures in this institution will commence on the first day of November next, and continue until March. A preliminary Course at the College, as also Clinical Lectures at the Hospitals and Dispensary, will be delivered without extra charge, during the month of October.

M. L. LINTON, M.D., Professor of the Principles and Practice of Medicine.

A. LITTON, M.D., Professor of Chemistry and Pharmacy.

CHARLES A. POPE M.D, Professor of the Principles and Practice of Surgery and Clinical Surgery.

M. M. PALLEN, M D., Professor of Obstetrics and Diseases of Women and Children.

R. S HOLMES, M.D., Professor of Physiology and Medical Jurisprudence.

W. M. McPHEETERS, M D., Professor of Materia Medica and Therapeutics.

CHAS. W· STEVENS, M.D., Professor of General, Descriptive and Surgical Anatomy.

JOHN B. JOHNSON, M.D., Professor of Clinical Medicine and Pathological Anatomy.

E. H. GREGORY, M.D., Demonstrator of Anatomy.

The most ample opportunities for Clinical Instruction, both in Medicine and Surgery. are afforded free of charge in the St. Louis Hospital, as also in the City Hospital, the Marine Wards, and the O'Fallen Dispensary. Anatomical material in great abundance.

Fees for the entire course, $105. Matriculation Ticket (paid but once) $5. Dissecting Ticket $10. Hospital Tickets gratuitous.

Students or others desiring further information can either address the Dean, and he will forward them a descriptive pamphlet, or on arriving in the city, call upon him at his office, South-West corner of Tenth and Locust sts.

CHAS A. POPE, M. D, Dean of the Faculty

PENNSVLVANIA COLLEGE—MEDICAL DEPARTMENT.

SESSION OF 1855-1856.

THE regular course of Lectures will commence on Monday, October 8, and will be continued to the first of March.

FACULTY.

David Gilbert, M.D., Prof. of Obstetrics and Diseases of Women and Children.

Alfred Stillé M.D., Prof. of Theory and Practice of Medicine.

John Niell, M.D., Prof. of Surgery.

J. M. Allen, M.D., Prof. of Special and Surgical Anatomy.

John J. Reese, M.D., Prof. of Medical Chemistry.

John B. Biddle, M.D., Professor of Therapeutics and Materia Medica.

Francis G. Smith, M.D., Prof. of Institutes of Medicine.

Joseph Shippen, M.D., Demonstrator of Anatomy.

Clinical Instruction will be given by Professors Biddle and Niell at the Philadelphia Hospital, Blockley, during the entire term of the session, in conjunction with other members of the Medical Board of the Hospital. The students of Pennsylvania College—both first-course and second-course—will be furnished gratuitously with the ticket to the Philadelphia Hospital. Second-course students have the option of receiving gratuitously the ticket to the Pennsylvania Hospital. A Clinic will also be held at the College every Wednesday and Saturday morning throughout the Session.

FEES—For the entire course of Lectures, ...	$105 00
Matriculation (paid once only), ...	5 00
Graduation, ...	30 00

The Dissecting Rooms will be opened in September, under the direction of the Professor of Anatomy and the Demonstrator.

Preliminary Lectures will be delivered during the fortnight preceding the opening of the session.

JOHN J. REESE, M.D., Registrar,
122 Ninth street, Philadelphia.

THE NORTH-WESTERN
MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.

VOL. IV. SEPTEMBER, 1855. NO. 9.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*A Case of Eclampsia.* Read before the Esculapian Society, at the semi-annual meeting held in Marshal, May, 1855. By D. W. Stormont, of Grandview, Ill.

The following case of Puerperal Convulsions is reported to the society, solely for the purpose of eliciting discussion as to the best treatment, in this somewhat rare, but very dangerous disease.

Was called to the country in the forenoon of April 9th, 1855, to visit Mrs. B. in labor with her first child; age 19, rather short, squarely built, short thick neck, florid complexion, dark hair and eyes. Ascertained the labor had set in about midnight. On examination, found the general condition of the patient normal; and the labor well advanced in the second stage, the head occupying the pelvic cavity. The pains, however, were irregular, and the case progressed slowly. She was delivered, between 12 and 1 o'clock, P. M., of a healthy male child, medium size. For more than an hour previously, while the head was engaged at the inferior strait and at the os externum, the patient was very restless, and complained much of the pains, which were, generally not expulsive, but rather tetanic in their character There was no nausea, no perspiration about the face or thorax, and, in answer to the direct question, said she had no headache. After the birth of the child, she expressed herself as feeling quite easy, and conversed cheerfully. Traction at the cord showed the placenta still adherent. After waiting fifteen or twenty minutes—as is my custom frequently, where delay is not contra indicated,—and the pains not returning, I applied frictions over the fundus uteri. Violent contractions soon came on, and with them the extreme restlessness of the patient. She now complained, for the first time of severe headache, and was soon after thrown into violent convulsions. Ordered cold water to the head and face. Running the finger up the cord, I found the placenta engaged in the mouth of the womb, and hooking into it, extracted it immediately. The convulsions lasted about one minute. As soon as we could get things ready, I bound up the arm preparatory to bleeding. She was now lying in a semi-comatose condition, pulse slow, full, strong,—face flushed, purpleish,—breathing heavy. Had her raised partially erect, and succeeded in getting a full stream from a large orifice Bled to sickness and entire consciousness. Ordered cold water to be applied to the head aisiduously, sinapisms to the extremities. Gave calomel gr. xxv., Pulv. Rhei x. gr. One hour afterwards the headache returned severely. Had her raised to the erect posture, opened the vein, and again bled to sickness. Face pale—headache almost gone—feels better. Ordered a tablespoonfull of castor oil to be given in an hour, and repeated hourly until it operates.

Same day, 6 o'clock, P. M.—Has had six fits since I left—lies stupid; can be roused to consciousness for a moment only. Applied cups to back of neck and temples, but the fits returning, had to desist. Gave one drop of croton oil and repeated it at intervals until the bowels were freely moved twice about 10 o'clock; dejections dark green. In the meantime, sent for Dr. Steele in consultation. The attacks continued to recur, and were increasing in frequency and intensity. The intervals more or less comatose; face and eyes bloated; patient unable to speak when aroused. Dr. S. now recommended forty drops of laudanum to be given every wo or three hours, until the convulsions ceased, and continue cold water to the head and sinapisms to the extremities. I remained with the patient all night; and gave the laudanum every two hours. After taking the third dose, or about 4 o'clock, A.M., she passed from the stupor, in which she had been lying in the intervals, into a quiet sleep, which lasted about three hours. No return of the convulsions, of which she had twenty in fifteen hours; pupils dilated, countenance dull and heavy, skin moist, pulse 110, full, soft, compressible. Ordered the laudanum to be given if the fits returned or she became restless, and cold to the head unremittingly.

10th, 6 o'clock, P. M.—No return of the convulsions; has slept nearly all day; breathing natural; pulse 70; some fullness, but soft and compressible; skin moist; pupils not dilated; seems to be rational, but can not speak. The bowels not having been open since 11 o'clock last night, directed calomel and jalap, aa gr. x., to be repeated in three hours, and followed by castor oil, if necessary—Laudanum to be given pro re nata.

11th, 9 o'clock, A.M.—Rested well all night; medicine operated freely about midnight, dejections dark and offensive; pulse 70, soft; countenance still, somewhat dull; Converses some—head cool; but aches a little; feels sore all over: inclines to lie on the back with the knees drawn up. Tenderness on pressure over the uterus. Strong mercurial fector on the breath; disowns the child. ℞. Pulv. Doveri, gr. viii—every four hours—poultice of wheat bran and hops to the bowels, to be renewed every three hours.

12th, 10 o'clock, A. M.—Decidedly better. Has some appetite; countenance good; pulse 78; soft: skin moist; complains of the ptyalism; still some little tenderness over the the uturus on pressure, and some headache. Directed an astringent wash for the mouth, a dose of castor oil, and continue prescription as yesterday.

13th,—Still better. Milk coming; manifests some interest in the child to-day, for the first time.

She continued steadily to improve, and I discontinued my visit on the 15th.

Were there no premonitory symptoms of Eclampsia, in this case, which were unheeded; but which should have been met by appropriate treatment, and the attack thus warded off? On inquiring of Mrs. B., after convalescence, she informed me that her health had been good during gestation, with the exception of a headache, at times, during the last two months, which she ascribed to "cold." But this symptom was not present, until a very short time before the first convulsion, which was twenty minutes or more after the birth of the child. The bladder and rectum were both evacuated freely, just previous to my arrival. The labor was not more tedious than is frequently met with in primiparic, occupying but little over twelve hours. The uterine contractions, during the latter part of the second stage, were of rather a tetanic character, frequently causing loud complaints from the patient, with considerable jactation, and advancing the travail slowly. But this is not unusual with the muscular primiparous female. There was one symptom, however, which, taken in connection with the preceding, pointed to this attack with almost a certainty; that was the want of perspiration about the face and thorax But it was unaccompanied by any evidence of sanguine determination to the head, as cephalagia, vertigo, &c., and was thus unheeded. I have had two other cases recently, also in primiparous, muscular females, in which the uterine contractions were painful, irregular, and not expulsive, with jactation and no perspiration about the face and thorax, but accompanied, in both cases, with severe headache. A free bleeding promptly relieved all these symptoms in each case, and I verily believe, prevented an attack of Eclampsia.

There is much obscurity as to the cause of this disease. Perhaps we would cover the whole ground, if we would say the puerperal state is the predisposing, and sympathetic reaction upon the brain and nervous system from an irritation of the womb, is the exciting cause.

In the treatment there are some points upon which all are agreed, while upon others we find the strangest diversity of opinion; rendering it difficult often for the inexperienced practitioner to decide at once what course to pursue. For what he does, he must do promptly and decidedly, or he will loose his patient.

Nearly all insist in every case, upon free general bloodletting, th brisk purgatives, cold to the head, revulsives to the extremis, and cupping from the temples or back of the neck, where ere is stupor. Here, if the convulsions continue, the paths diverge. One class, among whom Prof. Meigs stands pre-eminent, strongly insist upon the administration of full doses of opium. Others again, among whom are Dewees, Colombat, and Cazeaux, condemn this practice in most unqualified terms Cazeaux, in his excellent work on midwifery, &c., translated by Thomas,—page 612, says; "In my estimation, the opiates ought to be wholly banished from the treatment of a disease, which so often terminates in cerebral congestions." The learned author also tells us, page 608, "But these," (the encephalic congestion, extravasation or effusion, frequently observed *post mortem*,) "are evidently nothing more than secondary lesions, the effects, not the cause, of the convulsions." And again, ' often this disease leaves no anatomical lesion behind " Now, if the convulsions are the cause of death, and the lesion observed are the effects, not the cause of the convulsions, a rational treatment would adopt a remedy which would arrest this cause before these effects were produced, and thus remove the danger. Opium, in hypnotic doses, is that remedy. This might be inferred from the known therapeutical properties of this drug, to relieve spasms and quiet irritation. It is also confirmed by experience. But its administration should always be preceded by a free bleeding and brisk purging, with cold to the head, revulsives, &c.

Chloroform, by inhalation, is recommended in this disease. I would not hesitate, in another case, if the convulsions continued after V. S., to administer the anasthetic in sufficient quantities to arrest the paroxysms; or at least to check their force and frequency until they could be relieved by opium.

Such is an outline of the treatment I would adopt in this frightful disease, where the attack comes on after the completion of labor, or before its commencement. But if labor should set in, or the attack commence during its progress, in addition to this, I would use all proper means to expedite the delivery, and administer chloroform as freely as the safety of the patient would admit, or the frequency of the convulsions demanded

May 15th, 1855.

ARTICLE II.—*A Case.* By G. W. Parkins, M. D., of Illinois.

About three years since, Mrs. B———, a very respectable lady of Tremont, Tazewell county, Ill., had a severe attack of dysentery, from and after which her catamenia ceased entirely, and so continued for two years, when she was married to Mr. B. At this time her menses returned for two or three times only, then disappeared again. During these two years, there took place a gradual hypogastric enlargement, steadily increasing, but painless, occasioned by what appeared to be a hard tumor in that region. After marriage this tumor grew more rapidly, filling up the umbilical region, and encroaching on the epigastrium, and, as she was affected by none of the ordinary signs of pregnancy, except the abdominal enlargement and the cessation of the menses, both of which existed before marriage, her physician, Dr. Shaw, suspected ovarian dropsy, or uterine disease. He advised her to visit St. Louis for medical advice, and about the middle of June last, Mr. B. accompanied her thither, where she was examined by Dr. Pope, who made an exploratory puncture into the tumor. He decided that it was a fleshy or fibrous development within the womb—that pregnancy might co-exist, but it was not probable, and that there was little or no ground to justify a hope that an operation would be beneficial. In a desponding mood, they now took boat for home. During the first day she had occasional pains in the hypogastrium, which increased in frequency, and severity, till the afternoon of the second day, when they had become so severe that she determined to land at our place, Havana, believing the cause of her sufferings to be the jarring motion of the boat. This was July 2d. One hour after landing, I was called in, and found Mrs. B. far advanced in labor, but *she* did not think she was pregnant at all. She was 39 years old, and this her first confinement, which I thought accounted for the severe and protracted labor. In two hours Mrs. B. gave birth to a fœtus which appear- d to have arrived at full term, but in which life was extinct, the es of the cranium being much distorted.

ut there still existed great abdominal prominence, so much so my first impression was, that there was another child in utero.

I called in Dr. John McCowen, and after a careful examination, we concluded the extraordinary prominence was owing to the existence of a tumor about the size of an adult head The most prominent part of the tumor, that wherein the puncture had been made, was tender on touch or pressure, otherwise the patient was easy. But during the four days which she survived parturition, there were no uterine contractions, resembling labor pains; no secretion of milk; pulse 80 per minute and weak, and increasing in number, and weakness, till death closed the scene; the countenance cadaverous; the surface bathed in cold perspiration; hiccough was a prominent and distressing symptom; and finally death supervened, on the 6th of July, under all the characteristic symptoms of mortification of some portion of the abdominal vicera.

Dr. Nastich saw the patient on the 4th, and said there was a second dead child in the womb, which should be removed without delay, to which Mrs. B. did not consent. Therefore we thought best, in self-defence, to institute an autopsy. On laying open the abdominal cavity, the womb was found very much enlarged, occupying the hypogastric and umbilical regions almost completely. In external appearance, it was firm, bilobed, one lobe occupying the fundus, the other, the inferior and anterior portion of the uterus; and in color it was nearly natural, except the interior part of the inferior lobe, which rested down against the os pubis. This was the part punctured, and around the puncture mortification had taken place. The edges of the wound, having taken on malignant action, were putrid, black, very much thickened, and everted. The surface was livid and black for the space of four inches in diameter.

From the fundus uteri, there grew or pushed up into the cavity of the abdomen, three tumors about the size of goose eggs, having the peritoneal envelop, common to them and the womb. They were solid, somewhat elastic, and of similar internal construction to the tumor, to which they were attached. The uterus was no where less than one inch thick, and the two principal lobes were four to five, each of which was a fleshy, fibrous mass, of a whitish-yellow, and sometimes of a reddish-yellow appearance, with here and there small cyst containing a spoonful or less of serum. The mucc membrane of the womb looked healthy, the uterine cavity v long but much contracted—the placenta was not yet attached. was about 7 or 8 inches long, and very slender, ½ to ¾ of an inch thick, and from 1 to 2 inches wide; it was lying loose in the cavity of the womb, which latter did not seem capable, owing to its enormously thickened condition, of any further contraction, by which alone the placenta could be detached and thrown off.

Some adhesions existed between the posterior surface of the womb, and the large intestines—otherwise the abdominal viscera were perfectly healthy. The uterus weighed 9¾ lbs.

As the entire womb was affected more or less, and as it had many of the internal and external characters of health, the diseased developement was probably the result of perverted action of the uterine lymphatics.

It did not appear that death was in any way connected with the retention of the placenta

The patient might have lived longer, possibly some years, had she not become pregnant, and she *might* not have died, neither been confined. quite so early, had the tumor not been punctured; though in any event life could not have been protracted long.

◆

Cure of Diabetes Mellitus.—By Dr. Zipfehli.—The diabetes here mentioned was cured in the short space of three months and a few days by the use of cod-liver oil in full doses, and conjoined with a diet of animal food.—(*Gaz. Med.*)

Observation.—"A journalist, 25 years old, entered the hospital to be treated for the itch. It was discovered that he had diabetes since the previous September. Two or three spoonsful of cod-liver oil, a day, were first prescribed, to be increased *ad libitum*. The patient grew so fond of the remedy that he consumed about a half pound of it in two days. On the 30th of May, 1854, he was able to leave the hospital, entirely cured; he had regained his flesh and there was no trace of sugar in his urine; in all, he took thirteen pounds (*litres*) of the oil. It is possible that the pidity of the cure in this case was owing to the fact that the abetes was recent. On the other hand, the patient was a very or man, who lived in the midst of privations and was a brandy inker; the good diet upon which he was placed in the hospital. ithout doubt contributed greatly to his recovery.—*Gaz. Med.*

ARTICLE VIII.—*The Pathology of Fevers; or Observations Critical and Experimental, in reference to the nature, varieties, causes, and treatment of Fevers.* By N. S. DAVIS, M. D., Prof. of Principles and Practice of Medicine, and Clinical Medicine; in Rush Med. College; Member of American Med. Association, &c., &c.

CAUSES OF FEVER, (*Continued from July Number.*)

THE facts adduced in regard to the amount and kind of matter eliminated from the skin and lungs, are abundantly sufficient to demonstrate the great importance of these matters as direct exciting causes of disease. As such, they are operative, not merely in the narrow alleys, and crowded streets of our large cities, but often also in the most thinly populated rural districts. We are so accustomed to associate together the ideas of *pure air* and a *country residence*, that we are liable to overlook the most prominent ininstances of impurity, provided they be located in the country districts. On a careful examination, however, it will be found that throughout most of the rural districts of our country, the sleeping apartments are very small, and often provided with very inadequate means for ventilation.

The farm houses generally are low between floors, and a large proportion of bed-rooms only *nine* by *twelve* feet or less. The chambers, especially, in which most of the hired help and the younger members of the family sleep, are often only *half a story* between the floor and the roof, with only small windows at the ends.

Let any one compare the actual capacity of such rooms with the amount of gaseous materials, impregnated with animal matter, which escape from the inmates during the hours of their occupancy, and after making all proper allowance for the degree of ventilation that actually exists, he will be forced to the conclusion that a large proportion of those who reside in the country, as well as those in the cities, habitually inhale during the night an atmosphere too impure to be consistent with the maintenance of good health. Persons thus situated during the night, generally rise in the morning with a feeling of languor and heaviness, that disappears only, after from one to two hours exposure in the open air; and they generally have much less relish for breakfast than for dinner or supper.—The deleterious effects here described may not often be sufficient to induce a direct attack of fever or any other acute disease But that they debilitate or depress the vital properties and elementary functions of the system to such an exent as to constitute a strong *predisposition* to such diseases, I have no doubt. About four years since, during the winter season, a series of religious meetings were held for many successive days and evenings, in a small, ill-ventilated school-house, about sixteen miles from this city. Much interest was felt by the families in the neighborhood and the house was crowded most of the time during the meetings. Before this season of religious revival ended, *pneumonia* accompanied by well-marked *typhoid* symptoms began to prevail among the people, and several cases terminated fatally. By direct inquiries at the time, it was ascertained that most of those attacked had been among the most constant attendants in the crowded meetings referred to; and among the fatal cases were some of the most promising young men of the neighborhood.

In referring to this, as an illustration of the effects of air renered impure, by accumulated exhalations from the crowded assemblies, let no one infer that I object either to religious meetings, or even *revivals.*—They should be conducted, however, with proper regard to the laws of health. Late in the autumn of 1851, I was called into the country twelve miles, to visit the son of Mr. C., who I found dangerously ill with typhoid fever, complicated with disease of the lungs. Mr. C., though the owner of a large farm, situated on a wide rolling prairie, still lived in the old *log-house*, which had given him shelter when he first settled in the country. The body of the house furnished but one room, which served the purposes of kitchen, parlor, and dining-room for the whole family, and in one corner of which was placed a bed surrounded by curtains. In this the parents usually slept, but it was now occupied by the sick son. The rest of the family, numbering eight or nine persons, slept in the low chamber, ventilated only by a small window at each end.

Nearly all the members of the family were complaining of those elings of indisposition, and that loss of appetite in the morning, which was clearly traceable to the impurity of the air in which they slept. And I am satisfied that nothing but the modifying influences of habit and the free exposure to the air during the day, prevented them from all becoming sick with typhoid disease. That the vital properties of the human system are capable of becoming adapted, by repeated exposure, to the impressions of an atmosphere more or less impure, so far as to maintain the several functions in a condition compatible with fair health, I have no doubt. But that the standard of health in such cases is less perfect, and the vital properties less capable of resisting the influence of ordinary exciting causes of disease, is equally certain. Persons thus situated are consequently, in a strict sense, constantly more or less *predisposed* to disease: and more readily succumb under the influence of any of the more active morbific agents. This is illustrated during the prevalence of almost every epidemic disease. The efficient cause or causes of such diseases are generally conceded to act on whole communities at the same time. But the investigations of sanitary commissions and Boards of Health, as well as the experience of observing physicians every where, have clearly shown that those who live in such places as possess an atmosphere most confined, impure, and damp, are not only the first to suffer attacks, but in them the disease is much more likely to prove fatal. And yet even in such localities, and during the prevalence of typhoid fever, typhus, dysentery, and cholera, we may see the influence of habit or continued exposure; those who have been long residents in the same place being less liable to attacks than the new comers. It was long since shown by Louis, Chomel, and other eminent writers that a large proportion of the cases of typhoid fever occurring in Paris and other European cities, took place in those persons who had recently changed their residence from the rural districts to the city.

The same fact has been noticed in the cities of our own country — During the last four years, I have kept a record of two hundred and fifty cases of typhoid fever, which have occurred under my own observation in this city. Of these, two hundred and five, or little more than four-fifths occurred in persons who had been less than one year residents in this city. Many of them were young men from the rural districts of the middle and eastern States, accustomed to pure air and free out-of-doors exercise.

On coming to the city, they become occupied chiefly in shops, stores, and offices, take much less out-door exercise than formerly, sit up later in the evening, eat less regularly, and often patronize the *saloons* after the regular duties of the day are over, while the whole atmosphere of the city is less pure, and consequently less invigorating than that to which they had been previously accustomed. The atmosphere inhaled into the lungs constitutes at once the great excitor or stimulus, which, acting through the blood on the elementary susceptibility of all the the tissues of the body, maintains their natural and healthy actions or functions, while on the other hand, it furnishes a medium in which is carried off a large amount of effete matter in the form of carbonic acid, water, and animalized substances. Hence every change in the atmosphere is liable to affect, not merely the properties or functions of a single organ, but of all the organs and tissues of the body.

If by increasing the density or other means, the quantity of oxygen in a given number of cubic-inches of inhaled air is increased, it is very probable that a greater amount would enter the blood, causing a more active excitation of all the tissues, a greater rapidity of organic or molecular change, and an exaltation of all the properties and functions of the system. Every individual feels something of this, whenever exposed to a dry, cool, and pure atmosphere. On the contrary, by diminishing the quantity of oxygen in a given quantity of inhaled air, exactly the reverse effect is induced. A less quantity of oxygen is absorbed; excitation is difficient, and consequently the molecular changes take place less rapidly. An individual in such a condition feels, mentally, listless and dull, and throughout the muscular system a sense of lassitude or indisposition to exertion is predominant. These effects may be experienced at any time by inhaling an atmosphere made very *rare* either by its high temperature or its altitude. If we examine the individual under such circumstances more careful- we shall soon find that the diminished inhalation of oxygen has merely diminished the tone and activity of the muscular and vous tissues, but the same deficiency of the natural stimulus or excitor in the blood has diminished the affinity of the blood for the cells of the various secreting structures. Hence at the same time that the patient becomes conscious of mental inactivity and muscular lassitude all the secretions are diminished, causing the skin to be more dry, the urine to be diminished in quantity, and generally a deeper color, the fœces to indicate deficient coloring matter of bile, while the loss of appetite or imperfect digestion of food generally shows deficient secretion of the gastric fluid.—The same altered affinity between the blood and the tissues, also impairs those molecular movements by which effete or waste particles are removed and new ones appropriated thoughout all the tissues of the body The former consequently accumulate more or less rapidly, until their presence excites a responsive action in some one of the eliminating organs through which they escape, mingled with the cutaneous, renal, or intestinal secretions; or failing in this, they act as irritants upon tne elementary properties of the the tissues, exalting the susceptibility and all the ordinary phenomena of febrile action.

It is thus, that a simple change in the constituents of the air we breathe, by lessening even in a slight degree the usual stimulus to the elementary properties of organized matter, may lead to the simultaneous disturbance of every function in the system. This disturbance may be so slight as to cause only temporary feeling of indisposition or absence of vigorous health, or it may be so great as to speedily develope a grave general fever. It is precisely this general disturbance, or more properly, general depression of all the functions arising from a diminution of the oxygen inhaled with a given number of cubic inches of atmospheric air that is felt in some degree by almost all persons when they remove from colder climates to warmer ones, and from rural districts to densely populated cities. The process of "acclimation," as it is called, is simply the period necessary for the elementary properties of the tissues, and consequently all the functions dependent on these properties, to become adapted to the impressions of an atmosphere different in its temperature, density or other conditions, from that to which the individual had been previously accustomed. If the difference in the atmospheric conditions is only slight, as is often the case when the individual only removes from a country district into a city in the same latitude, the great majority will suffer so little that they require no attention. But ever here, if in addition to the influence of a moderate change in the conditions of the atmosphere, the individual after arriving in the city, enters upon a business which confines him more than usual within doors, and causes him to be more irregular in his habits of eating, drinking, and rest, these will constitute so many additional influences calculated to increase the depression of the vital properties and more certainly cause the functional disturbance to be sufficient to constitute disease. From much careful observation on this subject, I am fully satisfied that the chief causes which induce in so large a proportion of those young persons who resort to our cities either for study or business, attacks of typhoid or continued fever during the first year of their residence, are those just named. I am aware that Dr. Watson of London, and many others, strenuously contend that all our attacks of typhoid or common continued fever depend essentially upon some specific "fever poison;" which they are compelled to regard as existing almost everywhere, and at all seasons of the year, especially in cities, but which is capable of isolation or tangibility nowhere. I frankly confess that I can see neither good sense nor sound philosophy in calling to our aid a purely hypothetical agent, and making it play an important, almost protæan, part in the causation of disease when all the phenomena produced in connection with the sick can be fully explained by changes in the known elements and conditions around us. I do not deny the propriety, or even necessity of sometimes resorting to the supposition that agencies exist, not yet rendered tnagible to us, and therefore hypothetical.

It may be necessary to infer the existence of a cause, merely from its *effects*; but I protest against doing this in all instances connected with medical science, where *effects* can be fairly accounted for by the influence of known agencies. That patients laboring
ler continued fever, either of the typhus or typhoid varieties,
y sometimes evolve with the eliminations from their bodies, an
mal poison, capable of generating the same disease in others
y be quite true. But the supposition that such poison con-

stantly exists in the atmosphere of either city or country, and thereby constitutes the efficient cause of these diseases in all cases, is neither consonant with facts nor sound principles of induction.

On the contrary, a vast variety of facts might be accumulated, which show the direct connection of appreciable atmospheric conditions with the production of febrile diseases generally.

For instance, the symptoms already pointed out as the effects of habitual exposure to an atmosphere containing less oxygen in a given quantity of air than that in which the individual had previously lived, will be readily recognized as identical in kind, and and often in degree also, with those which are described by all authors as constituting the first, or forming stage of ordinary typhoid fever. It is not probable that this simple change in the constitutents of the atmosphere, is alone generally sufficient to develope febrile disease, but it so far modifies the vital properties and lessens the activity of the primary functions of the system, as to constitute a decided *predisposition*, I have no doubt.

And while this predisposition, or altered state of the properties and functions exists, the influence of the same collateral, or exciting causes which prove nearly harmless to others, will in them determine the development of active disease. For instance, an old resident of the city, with vital properties fully adapted to the impressions of its atmosphere may frequently be up late at night, eat irregular, confine himself to his counting-room, or frequent crowded public rooms, with only slight inconvenience or temporary debility; while the same habits indulged in by one just removed from the more invigorating atmosphere of a rural district, would almost certainly produce decided feelings of indisposition and in a large proportion of cases, if persisted in, would develope a well marked attack of continued fever before the end of the first eight months. On the the other hand, if all such collateral disturbing influences are carefully avoided, probably in nineteen cases out of twenty, healthy individuals may change from the country to the city, or from a colder to a warmer climate, with no other inconvenience than a moderate degree of debility or feeling of indisposition which disappears in a few weeks; and which amidst the novelty and excitement of the change are often not noticed at all.

Aside from the influence exerted by changes in the temperature and density of the atmosphere, there are two other agents equally potent for good or evil, and equally capable of modifying the elementary properties and functions of the system. These agents are atmospheric electricity and moisture.

Experiment has long since shown that electricity possesses an excitor influence over nerve matter, so direct and powerful that many physiologists have regarded it as identical with nerve force. There is reason to believe, however, that its action is not limited entirely to the nerve tissue; but is exerted also on the elementary properties of all the tissues. Its influence in certain cases of retarded or suppressed menstruation, as well as its effects on capillary circulation generally, show it to possess an action not easily explained by any supposed modification of the nervous system or its influence. How much of the invigorating influence imparted by a cool and dry atmosphere, is owing to the electricity it contains, it is not possible in the present state of our knowledge to determine. There is still an open and inviting field for investigation. We want some inventive genius to furnish us with the instruments capable of indicating readily the exact electrical condition of the atmosphere at any and all times; and then we need a patient and continued series of recorded observations in regard to the prevalence and specific character of diseases, in comparison with the variations in the atmospheric electricity. Until within a few years the attention of physiologists has been confined almost wholly to the temperature of the atmosphere, and its admixture with vegetable or animal matters, the products of decomposition.

It is only within a very few years that reliable records of the variations in the quantity of aqueous vapor suspended in the atmosphere have been kept and examined in their etiological bearings. And we have a still smaller amount of reliable knowledge in regard the electrical conditions. Even the few facts we have on record in relation to this have been observed during some special prevalence of disease, and are unconnected with any similar records during periods of good public health, so as to admit of a just comparison.

SELECTIONS.

Foreign Correspondence of the New Hampshire Journal of Medicine.

BERLIN, May 22, 1855.

MY DEAR SIR:— I promised the readers of the Journal, in my first letter, to give some accounts of the facilities which the city of Berlin presents as a medical centre. A harder task could scarcely be chosen, for I find after having been here now more than a month, that I have not as yet become acquainted with one half the advantages which are afforded to the student of our profession.

It has become common in America, as you know, to regard Paris as the great medical capital of Europe. This is undoubtedly true, but I am convinced that the large German cities are, in this respect, greatly underrated. They are, to be sure, further from us and not so accessible from America. The German language is not so readily acquired as the French; and, more than all, our countrymen have, of late years, more and more fallen into the habit of going to Paris to complete a medical education. There is no question, however, but that Berlin, Vienna, and Prague will, in a very few years, become the resort of all who wish to pursue their studies, for a length of time, upon the continent.

The chief attractions of Berlin, in a medical point of view, are the public and private hospitals, and the lectures in the Royal University. The city itself, having a population of over four hundred thousand, affords abundant material to the student of every class of disease. The hospitals are immense, and among the best regulated in Europe, and the private and public clinics are unsurpassed in the world A peculiar feature of this city is the great number of private institutions, devoted to special disease, to which the foreign student can obtain an easy access, if he desire it.

It so happened that the time of my arrival here was very fortunate. The summer's term, or semester of the University, had just opened, and the various courses of lertures had hardly commenced.

The method of study here, is in many respects widely different from the system adopted in America. There are none of those isolated medical schools, as with us, having at most seven or eight professors, and hardly able to subsist on account of the competition of other schools. The different professions are, on the contrary, here all represented in the universities; the lectures are given simultaneously, and degrees are conferred at the same time in all. The number of professors in the Medical Faculty of the university at Berlin is forty, and the students are at liberty to attend the lectures of such as they prefer. Oftentimes, there are four or five courses upon the same subject going on at once.

This method has great advantages. The schools have greater influence upon the profession of the country. The facilities, which in our country, are divided around among a score of little institutions, are all concentrated in one place. The museums are larger, and there is a natural emulation among the professors to excel, as they thus obtain a greater number of students at their lectures. The students may, at the same place, hear the same topics illustrated by several men, and thus acquire a much more comprehensive view of his studies, than where he is obliged, to gain the same advantage, to go hundreds of miles to hear a different corps of professors.

The great advantage, however, of the European system is, that all of the Professors are resident. Many have their private hospitals or clinics, and the student of a specialty may carry his investigation as far as he chooses, and find an unlimited means of illustration. At his examination for a medical degree, however, all of the Professors take a part, and the student has his real knowledge tested far more severely, than when graduating fees, or rivalry between schools, are the elements of success.

Yet Berlin is no place for the foreign student to begin his studies. One needs the stimulant, which he receives from a comparison of the unusal facilities which are offered in European institutions, and the higher scale of learning here, with the thorough. though not so extensive course of instruction in our ordinary medical schools at home.

I can give the readers of the Journal no better idea of the extent of the course of study in Berlin, than the fact, that there are over eighty separate courses of instruction given by the professors during the present term. There are lectures upon General and Special Surgery, Anatomy, Pathology, Obstetrics, Physiology and Therapeutics. Besides these, there are courses upon all of those collateral branches which are now as necessary to a thorough medical education as any of those ordinarily taought in our schools. There are those upon Forensic Medicine, the History of Medicine. Microscopy, Botany, Toxicology, Comparative Anatomy and Pharmacy.

Special courses of instruction are also given upon Diseases of the Ear and Eye—and the profession of Berlin is at the head of the world in this department—upon Diseases of Women and Children, abdominal and cutaneous diseases, auscultation and percussion, and diseases of the brain.

Whenever it is possible to introduce practical instruction, this is done. Botanical excursions are made with students; they have an opportunity of performing all the operations of surgery upon the cadaver; lectures are given in the museums, in the dead houses attached to the hospital and in private laboratories. The lectures continue daily from six o'clock in the morning till eight at night, for eight months of the year. There are two terms annually, and the student, in pursuing a five or six years' course, can have an opportunity of gaining a practical knowledge of his profession, from the adjustment of a bandage to the diagnosis of a grave disease.

The two most prominent men in the Medical Faculty of Berlin are, probably, Langenbeck and Von Græfe. The former, the successor of Dieffenbach, as a surgeon, is second to no one in Europe, and his name is now quoted as the first surgical authority of Germany. The few American surgeons who have visited this city and made his acqaintance, will always remember the attentions with which he receives our countrymen, and the pleasure and instruction which his conversation and public clinics afford. In personal appearance, Prof. Langenbeck is altogether prepossessing. He is a slight built man, of about forty years, of a thoughtful countenance, and wearing the look of one who is constantly active but never exhausted. He speaks English perfectly, and often refers to the labors of English surgeons with evident admiration.

I was surprised to find him so well acquainted with the names and success of the distinguished men of his profession in America. While spending an evening lately at his beautiful residence in the Thier Garten, he took occasion to express himself in the warmest manner in regard to Drs. Pancoast, Mott, Carnochan, Mussey and Warren. He spoke of Mr Guthrie's first idea of chloroform, and the discovery of the application and advantage of ether in surgery, as entirely originating with us. He praised the success of our surgeons in many operations, in which those of Europe are quite unfortunate, and I remember his speaking, in particular, of the operations of his personal friend, Dr. Kimball of Lowell, in abdominal surgery, as being altogether unsurpassed upon the continent Dr. Langenbeck has had but seven cases of ovarian tumor in which he has performed the long Cæsarian section, and five of these died of secondary Peritonitis. In none of them, was there any thing to counter-indicate the operation. Dr. L. thinks that the influence of climate is of great weight in the success or failure of this class of cases. It is worth a remark, that Dr. Langenbeck's uncle was successful in extirpating one uterus, but this was taken out below, and not by the abdominal section. He regards the celebrated case of Dr. Kimball as unprecedented in surgery.

Prof. Langenbeck is himself a cautious surgeon. In cancerous affection of the mamma, particularly, he is never in a hurry to operate till the disease is quite developed, and in all malignant cases, he refrains from too early a use of the knife. I mention this fact as interesting, when the profession is so eager to learn the opinions of the best surgeons upon these points.

The treatment of surgical diseases by Langenbeck is often original. In hernia humoralis, for example, although compression and the Iodine Ungent are used by him. his favorite remedy is the frequent introduction of a bougie into the urethra. He has had one or two cases, apparently of carcionoma of the testis, prove themselves to be non-malignant, by being thus entirely cured. In the military hospitals here, where this disease not unfrequently occurs in patients who have suffered from tedious rides on horseback, I am told that strapping the testicle tightly with strips of plaster, prepared with the addition of some resolvent medicine, succeeds admirably. The plan is very nearly the same as recommended in Mr. Furgusson's system of surgery, when the adhesive plaster is combined with the camphorated mercurial plaster.

The surgical clinics of Berlin are full of interest, and Langenbeck's in particular. This is attended by hundreds of the students from all parts of Europe, who are attracted by the fame which he has acquired, and by his skill in operating. He is at the head of the Royal Opthalmic Institution here, and holds a clinic of two hours in length daily. I can give your readers no better idea of their character than by mentioning a few of the interesting cases. Each one was commented on for fifteen or twenty minutes by the Professor as it was presented before him.

1. Young lady; woke up three days since, with loss of movement in the right shoulder and great pain. There is now crepitation. Diagnosis; a chronic inflammation which has been going on sometime, and which now manifiests itself. Treatment, by local counter irritation, tonics, and eventually passive motion. The result to be feared is, of course, anchylosis.

2. Hare lip in a child a few weeks old. Prof. Langenbeck adopts the principle which the London and Edinburgh surgeons are just now so zealously unholding, of operating in these cases as early as possible. He uses the common interupted suture almost invariably.

3. Osteo sarcoma of the scapula. Removed by an operation.

4. Young man, 26 years old, whose right testicle is still contained in the inguinal canal. The patient objects to being operated upon.

5. Child with two thumbs on each hand; one removed at the desire of the mother.

6. Carcinoma in a woman of 63. From the left external labium,

one tumor is extracted as large as a pear, and a smaller one from each groin.

7. Child 2 years old. Clubbed hands. The tendons of the flexors at fault are cut, and an apparatus ordered.

8. Hydrocele in a middle aged man. Injected with diluted chloroform.

Chloroform, by the way, is used altogether as an anæsthetic agent in Berlin, and with few bad results Langenbeck informs me, that although he has had several cases of deep asphyxia, he has had only one case of death, in his whole practice, from its use.

But I must draw this long letter to a conclusion. I will simply take leave of you and the readers of the Journal, in giving the details of a most singular case which has lately occurred to the distinguished man, of whom I have endeavored to convey a practical portrait. I have just been looking at the plates which represent it in the portfolio of Prof. L. The history of the case is simply this. The patient, a young lady, was suddenly affected by a suppression of her menstrual discharges, and soon after, several cruptive spots came out, first on one cheek and then on the other, and finally upon the nose. The eruption resembled lupus, but was evidently different. It destroyed the entire nasal organ. A new nose was formed from a flap taken from the forehead by the Taliacotian operation. The result was union by the first intention. *The menses reappeared at once after the operation*, and Dr. L. congratulated the lady upon this fact, as he thought that between the eruption and the suppression, he discovered a connection. But the menses again stopped; the eruption reappeared, and the new nose entirely sloughed off The question of interest in the case is, of course, the nature of the eruption. N. E. G.

* * *

Hæmoptysis as a Sign of Tubercle; Curability of Consumption; Effect of Cod-Liver Oil, &c. (Under the care of Dr. Andrew Clark.)

The value of hæmoptysis, as an indication of incurable tubercle and consumption, has been a medical question often debated, and this sign or symptom by itself perhaps a little overrated. The chances of pulmonary hemorrhage are, no doubt, increased by whatever tends to diminish the capacity of the chest, as in persons of different trades—tailors, dressmakers, etc.—with crooked spines. Again, in advanced consumption, with cavities, one is too often called upon to witness total destruction of lung tissue and hæmoptysis. In the present instance, however, we wish to speak of the popular and professional notion of phthisis following hæmoptysis as certain, so to speak, as a shadow its substance, and in such matters of every-day practice as signing a certificate of life insurance hæmoptysis is considered conclusive evidence against doing so. In a large number of cases where hæmoptysis occurs through life, the tendency is evidently towards tuberculosis; a certain proportion of cases probably go on to consumption, while the residue are cured. If, out of 500 cases, 100 or 200 escape, it becomes, an interesting question, what are the general conditions that lead to a cure?—what, on the other hand, are conditions to facilitate the inroads of consumption? It is instructive to compare the result at a general hospital, like the London Hospital or Guy's, and the result at Brompton. At the latter we find, on inquiry, that hæmoptysis takes a very formidable position indeed in the chapter of symptoms preceding tubercle; we find also that cod-liver oil, given in over-doses or in particular cases, has a very manifest tendency to produce hæmoptysis. Amenorrhœa, also, and heart disease, are often attended by this symptom. Leaving all these, however; out of the calculation, we have had reason to be more hopeful of the curability of consumption.

We have been singularly struck with the importance of this question, and with the practical value of the facts springing out of it, from observing the notes of cases, tables, and general results arrived at from the investigations of Dr. Andrew Clark, at the London Hospital. It appears that Dr. Clark entertains the opinion that phthisis of a limited kind is of much more frequent occurrence, and becomes much more frequently cured; than is ordinarily admitted or supposed. This opinion he conceives to be capable of demonstrative proof in three ways: first, by the results of a large number of post-mortem examinations conducted by himself, which show that in the bodies of patients dying from accident, or non-tubercular disease, obsolescent or healed tubercles are found in a very large per centage of cases; secondly, by showing that out of a given number of persons presenting themselves indiscriminately for relief at the London Hospital, many are found to have had hæmoptysis, and that of these a certain proportion has proceeded to the development of unequivocal phthisis, while another proportion has appeared to terminate in complete recovery from symptoms of pulmonary disease; thirdly, by showing that cases of limited chronic phthisis. proved by the presence of air vesicles and tubercular matter together in the sputum, as we have seen it, do not unfrequently proceed to arrestment of the general symptoms, suspension of the progress of the local pulmonary lesion, and subsequent cure.

There can be no doubt that a series of investigations in this [illegible]fold aspect, if allowed to their utmost ramifications, and con-[illegible]ed with minuteness and care, will lead to great practical good. [illegible] the meantime, without committing ourselves to any specific [illegible]sion upon all the questions mooted, we are desirous of comment-ing upon the second aspect of Dr. Clark's investigations as one which is eminently practical, both in its relations to the disease itself in hospital wards, to the value of hæmoptysis in its bearings upon the signatures to life assurance, as we have already hinted.

In the second aspect of these investigations, Dr. Clark proceeds upon the opinion, that in all cases when hæmoptysis has occurred to the extent of an ounce in the absence of amenorrhœa, aneurism, heart disease, and ulcerated throat, tubercular matter is really present in the lungs. He holds the same opinion even when the hæmoptysis is to a much less amount, provided it be of frequent occurrence, uncomplicated with marked cough and any acute affection of the lung.

Dr. Clark then proceeds to show that, out of a given number of persons applying *indiscriminately* for relief at the London Hospital, and carefully examined relative to this poison, hæmoptysis will be found to have occurred in a large per centage; and that in these instances the hæmoptysis is followed in a certain number of cases by the induction of phthisis, and in a certain proportion by suspension of the symptoms accompanying it and ultimate recovery, and immunity from pulmonary disease. Having established the fact that hæmoptysis, preceded, accompanied, and followed by pulmonary symptoms, often disappears without the return of it or any signs of pulmonary lesion for years afterwards, and sometimes not at all, Dr. Clark then endeavors, as the object of greatest importance in the inquiry, to determine under what conditions this return to health takes place: to what extent, if at all, they can be superinduced by art; and with what amount of certainty we can predict in a given case, termination in recovery, or in phthisis.

We have not space to enter more fully into these details at present. We have pointed out the broad relations of the subject, and shall satisfy ourselves with abstracts of a case or two as types of those which hæmoptysis has not been followed by confirmed phthisis

J. B———, aged sixty-five, a laborer, short, spare, and bent, presented for dyspepsia. accompanied with depression and headache. He was delicate in youth, and considered to be "declined" at the age of three or four and twenty. At that time he had cough and expectoration, and freqently spat blood. He used to have pain in the left side, but particularly under the left scapula and about the shoulder. Never had dyspnœa, and never was confined to bed for any length of time. Was very temperate at that time , ate little, and took care of himself. Continued much in the same way for two or three years; was always much subject to colds, and frequently blistered for them. Afterwards began to be better, exposed himself to all weathers, lost his liability to colds, lived rather irregularly, worked hard, took beer and spirits as occasion offered, and lost all note of his symptoms at about thirty, except one, which was pain or gnawing under the left scapula. When he has a cold now, he suffers from a pain in the chest, and has yellow expectoration. Does not often have cold, and for some years has only suffered from occasional bilious fits and rheumatism.

He has, at present, no distinct cough, and no dyspnœa: has a habit, however, of clearing his throat, and expectorates occasionally in the morning, vitreous-looking gelatinous masses, about the size of peas. The pain under the scapula has always recurred at intervals of from three to six months, and lasted variable periods. Left side of chest is flatter than right, and is found, by placing the hands under the axilla, not to fill so well. There is dullness on the left side, jerking respiration, and increased vocal resonance; no rales; around the dullness the lung sounds preternaturally clear, as also does the whole anterior surface of the right lung; heart sounds healthy; every part of chest thrills with the reverbaration of the patient's voice.

We have room for the notes of only one other case, which is a significant and instructive one, but not occurring at the London Hospital:

Mr. B———, aged nineteen, tall, slim, with fair hair, blue eyes, large pupil, transparent skin, and long incurved nails, was seen, in 1846, when the presented all the symptoms of early phthisis. After a time he got better, and was lost sight of for some months. In 1847 he was seen again, and had hæmoptysis, followed by cough, expectoration, night sweats and wasting. No cavity could be made out, but the expectoration contained patches of air vesicles, which Dr. Clark has preserved. He again got a little better, and was moving about when he met with an accident—a fall—which was followed by the formation of an abscess on the upper and outer part of the thigh. The abscess was opened, discharged and continued to discharge a large quantity of matter. Under this exhausting discharge he was with difficulty supported. He became extremely emaciated, and almost helpless. At the same time a remarkable change was observed in the pulmonary symptoms. They began to abate from the day the abscess was opened, and ultimately disappeared entirely. Gradually he regained flesh and strength, and the pulmonary symptoms did not appear. In 1848 he appeared to have perfectly recovered; but contraction having followed the obliteration of the abscess, he had t his former service and become a railway clerk.

n the 9th of November last, Dr Clark met this patient accitially at the Crystal Palace; and so great, then, was the altera- n in his appearance, that Dr. Clark failed at first to recognize n. He was unusually fat for so young a man—corpulent, in fact, and robust looking. He declared himself to be in perfect health, and to have been so for some years. The pupils were still large, and the nails pink, long, and incurved.

Andral states that only in one instance in which hæmoptysis had occurred to him—and even then the immediate cause of death—had he ever found the substance of the lungs free from tubercles. Louis, we need hardly say, gives an equally fatal tendency in two thousand cases in which he made the inquiry, in later years, after the mode by Dr. Andrew Clark; but in eighty-seven private cases under his care, four in six had hæmoptysis.

Pinel gives a singular case of hæmoptysis in a female, which occurred regularly every month, the woman's monthly period, during forty-two years. It was originally caused by fright, and was always subsequently somewhat increased by strong mental excitement. When suspended for a month or two, the patient invariably suffered from intense headaches. She had unusually before the hœmoptysis a sensation of weight and uneasiness about the lumbar region and pelvis; soon followed by chillness, lassitude, oppression at the chest, headache, and ultimately a distinct sensation of stinging or bubbling in the bronchial tubes and trachea; then, finally, sharp cough, and spitting of blood The woman was fifty-eight years of age when it stopped; she was stout and plump. What conditions here saved her from getting phthisis, like the patients of Andral or Louis, would be an interesting subject of speculating.

The older observers differ very materially as to the frequency of hemorrhage from the lungs in relation to tubercles. Hæmoptysis may precede tubercle for years, and years, even be almost forgotten, till the patient is reminded of it. The use of cod-liver oil, we believe, has very materially changed the rate of mortality and curability of phthisis of late years. Andral found in those dying of phthisis, in his time, that one in six had never hæmoptysis at all; in two in six the hæmoptysis appeared to mark the development of tubercle as a cause; in the remaining number or the half deaths in Paris from phthisis, it followed rather as a consequence from unequivocal phthisical disease, with diarrhœa and wasting , and a breaking up of the lungs into anfractuous sinuses and cavities.—*London Lancet.*

The Late Dr. Elisha Bartlett.

After a long illness, the issue of which has been but too plainly foreseen by all his friends, Dr. Elisha Bartlett has left us, regretted and honored throughout our whole land. His life has borne fruits to science and done good service to his fellow men in various spheres of duty. While we trust that it may find a faithful chronicler in some one of those who have been near him in its more active periods, it will not be out of place to devote a brief space in our pages to his memory. Hardly any American physician was more widely known to his countrymen, or more favorably considered abroad, where his writings had carried his name. His personal graces were known to a less extensive circle of admiring friends. and yet his image is familiar to very many who have received his kind attentions, or listened to his instructions or been connected with him in the administration of public duties.

To them it is easy to recall his ever welcome and gracious presence. On his expanded forehead no one could fail to trace the impress of a large and calm intelligence. In the most open and beaming smile none could help feeling the warmth of a heart which was a seat of all generous and kindly affections. When he spoke, his tone were of singular softness, his thoughts came in chosen words, scholarlike yet unpretending, often playful, always full of lively expression, giving the idea of one that could be dangerously keen in his judgments, had he not kept his fastidiousness to himself, and his charity to sheathe the weakness of others. In familiar intercourse—and the writer of these paragraphs was once under the same roof with him for some months—no one could be more companionable and winning in all his ways. The little trials of life he took kindly, and cheerily, turning into pleasantry the petty inconveniences which a less thoroughly good-natured man would have fretted over. A man so full of life will rarely be found so gentle and quiet in all his ways. A man who could be so satirical must have been very kind-hearted to let the sharp edge of his intellect be turned towards his neighbors' weaknesses so seldom. None was less disposed to put on airs in any company; he was rather too modest in coming out than too forward, though a silver-tongued speaker, to whom multitudes were always ready to listen whenever he was forced or beguiled to open his lips in public. I have been told that a distinguished foreign visiter who went through the whole length and breadth of the land, said that of all the many welcomes he received, from statesmen renowned as orators, from men whose profession is eloquence, not one was so impressive and felicitous as that which was spoken by Dr. Bartlett, then Mayor of Lowell, our brother in the Silent Profes- on, which he graced with these unwonted accomplishments. All ese are now but pleasant memories; many eyes will grow dim they are recalled, and many hearts beat warmly over them: hen these eyes are darkened, and these hearts are stilled, the mage just feebly traced will be like the shadow of yesterday.

But this is not all our friend left after him. It is hardly necessary here to refer to his public career as a magistrate. Yet this, though its results are less palpable to the public sense than those of scientific or literary labor, was in the highest degree honorable to his talent and integrity. Every man who has held manfully for any space any office in a system of government like ours, though the records of his doings may run through the spare fingers of history and sink into the sands, has done more and greater things than he can know—for no imagination can compass that future into which his courage and honesty shall enter as elements. To have left a high and cherished name after him in an officer so alien to his chosen pursuits and studies as the chief magistracy of a crowded city like Lowell, implies the possession of moral excellences as rare as the intellectual powers they accompanied. Had Dr. Bartlett fallen finally from his first love, and gone with his clear head and noble character and captivating oratory into the fatal passes of public life, it is paying our highest tribute to his virtues to say that he would certainly have been honored with the cross of high office, and at last with the crown of political martyrdom, the greatness of our civic wreaths in the time that are

The same qualities that fitted him for a public speaker, naturally given him signal success as a teacher. Had he possessed nothing but his remarkable clearness and eloquence of language and elocution, he could hardly have failed to find a popular welcome. Medical culture is often carried on among us by a light easy system of top-dressing. The rake is a more frequent instrument than the spade in the hands of many who are thought successful in rising the great harvest of students, the results of which are every March threshed and winnowed and garnered in our various schools. Among these, by all the qualities that give currency to the popular lecturer, by a manner at once impressive and pleasing, a lucid order which kept the attention and intelligence of the slowest hearer, and the attractions of a personal character always esteemed and beloved by students, he might have been prominent. With such he is not to be counted To accumulate without assimilating, to re-produce without enriching, to use rhetorical ornament to cover up the want of facts, to declaim instead of demonstrating, and to make all this pass current by an agreeable voice and easy confidence of manner; to do this is not difficult, and is both convenient and common. This was what Dr. Barlett did not do. His courteous and guarded language hardly betrayed his estimate of the class of mental operatives that live by such services, But he has lent the sharpest rebuke of the tribe to which they belong, in the sincerity and severe truth of his own writings.

As an author, Dr. Barlett is best known to the medical world by his Treatise on Fevers, and his Essay on Medical Philosophy. Few works not based upon long series of original observations have obtained or merited the consideration of the first of these treatises. He had the art of sifting authorities and getting at their essential meaning which belongs to the lawyer. He had the breadth and fairness of mind which enabled him weigh and decide on the masses of evidence before him; the same qualities that find their fullest expression in the voice of an enlightened judiciary. All might not accept his conclusions, but all could see that he was thoroughly faithful and honest, as well as able. Thus, his work on Fevers remains not only a most valuable monograph on these diseases, but a model for all who would produce a digest, as the lawyer call it, of whatever authentic knowledge is acquired upon any great medical question.

The Treatise on the Philosophy of Medicine is a work of wider aim and covering a ground open to more subtle controversy. It is the abstract expression of that phase of truth practically illustrated in the admirable works of Louis and his disciples. Clear and logical as everything he wrote, irresistible, if accepted as the development of truth in one direction, it has been reproached with throwing out of sight the higher qualities of imagination and invention in their legitimate applications to science. It is only fair, perhaps, to say that perfectly as it evolves its own conclusions, it would be less open to charges of omission if a chapter such as he himself might well have supplied, had been added upon the action of the inventive mind in the discovery of truth. The reader who will refer to the forcible and elegant lecture of Prof. Henry J. Bigelow, entitled "Fragment of Medical Science and Art," will find this point fully unfolded and illustrated. Not the less is Dr. Bartlett's essay of permanent excellence, because in the close logical pursuit of his chain of propositions, be has seemed to exclude principles which under another aspect his own imaginative mind would have been the first to recognize.

Everywhere through his writing prevails that easy flow of language, that felicity of expression, that florid warmth when occasion offers, which commonly marks the prose of those who are born poets. Yet few suspected him of giving utterance in rhythmical shape to his thoughts or feelings. It was only when his failing limbs could bear him no longer, as conscious existence slowly retreated from their palsied nerves, that he revealed himself freely in this trust and tenderest form of expression. We knew that he was dying by slow degrees, and we heard from him from time to time. or saw him, always serene and always hopeful while hope could have a place in his earthly future. His work was done, done nobly and gracefully, the work of an honest citizen, of a revered teacher, of a wise thinker. When to the friends he had loved, there came as a farewell gift not a last effort of the learning and wisdom they had been thought to expect from him, but a little book with a few songs in it, songs with his whole warm heart in them, they knew that his hour was come, and their tears fell fast as they read the loving thoughts that he had clothed in words of natural beauty and melody. The cluster of evening primroses had opened, and the night was close at hand.

No brief tribute like this can do more than show the feelings which its subject inspired in those who knew him. He has left this earthly scene of his labors too early for friendship and for science, not for himself, ripe in every virtue and ready for wider spheres of knowledge; one of the "pure in heart." who look on the unveiled face of truth during their earthly pilgrimage, and who have the promise that they shall "see God" himself when they have reached its close.—O. W. H.—*Boston Med. & Sur. Journal.*

Glass Brushes for Applying Fluid Caustics.—It is desirable, in the use of any of the mineral acids as escharotics, that their strength should not be diminished by the employment of any material susceptible of being charred. A serious objection, therefore, lies against the use of wood, cotton-wood, lint, &c., all of which have been recommended for that purpose. Glass is by far the best material, being at once durable, cleanly, easy of use, and quite insusceptible of the action of the fluid. A glass rod, rounded at one end, and drawn to a fine point at the other, may be made to serve most purposes, one or the other extremity being employed according as it is wished to apply the acid over a large or small extent of surface. A few brushes, of different sizes, made of spun glass, are, however, yet more convenient. Those sold in the shops are much too large for most of the purposes mentioned in the above notice of the uses of the acid nitrate, and we have seen none which would exactly meet the required conditions, excepting those in use at the hospital for Skin Diseases. With a little glass tubing, of the thickness of a quill, a skein of spun glass, and a little sealing-wax, they may be inexpensively made by any one of ordinary ingenuity. The brush part is first made by uniting together with sealing-wax a tuft of the spun material, and is then introduced into the end of a tube, which has been either flattened out or brought nearly to point while heated. A little additional heat easily fixes the tuft in position, and by scissors it may then cut down to the requisite size.—*Med. Times and Gaz.*, January 6th, 1855.

Extripation of the Uterus.—Dr. Reiche states that he has extripated the entire uterus seven times; and in all cases the result was fatal. He, however, advocates the operation in cases of cancer confined to the organ. He then describes the method of operating; this presents nothing calling for analysis. Partial extripation he represents as a painful operation, but one free from danger. It is indicated in all degenerations limited to the neck of the uterus.—*Brit. and For. Med. Chirurg. Rev.* April, 1854, from *Deutshe Klin.* 43 1854.

BOOK NOTICES.

Proceedings of the Connecticut Medical Society for 1855.

THIS pamphlet shows a strong, quiet, comfortable sort of a profession in the "land of steady habits." There are some few contributions of scientific interest, but a large portion of the document is filled up with biography, lists of members, and other matters that concern not scientific progress; but the details of internal organization. The State Society of Connecticut does as well as those of other states, but we find one grave fault with the proceedings of nearly all these bodies.—There is nothing carried through in an energetic, comprehensive and effective manner, but the whole budget of "proceedings" is a medley consisting in the better part, of monographs by individual members, and in the less valuable portions, of local observations rendered worthless by the absence of any general system of co-operation, of puffs on dead members, of dry inaugural discourses, and of voluminous records of names, residences, motions, votes, by-laws, constitutions, etc. Much of this kind of matter, must of course come in, but the scientific part should be better elaborated, and the rest more condensed. Active medical men, have had a herculean labor in getting these Societies into a substantial existence: there now remains one thing more, and that is to get them properly at work. It is true, the bare existence of a state society is useful to the physicians who compose it, by promoting good feeling; but the organization should have a higher function. *It should do something.* Every state society ought to have not only a department of monographs, but also a scheme of connected observations, which shall settle the topography of diseases, and preserve to the world a yearly record of their medical statistics. Such materials collected in every State, would furnish matter for reference forever.

We notice that several societies have undertaken to establish meteorological observations. We suggest that this work, though important, is too difficult for any society to carry out over its whole territory, consequently it had better be confided to the care of the Smithsonian Institute, who will do it far more thoroughly, and from whose records, copies of observations can be obtained, either for the archives of the societies, or for the use of members who wish to develop the relations of climate and disease.

"Search out the secrets of Nature." The Annual Discourse before the Massachusetts Medical Society, at Springfield, June 27, 1855. By Augustus A. Gould, M. D.

This oration, from its style, appears to have been delivered before a popular audience, consequently it makes no pretensions to profundity. As a popular address it is well adapted to establish in the minds of an audience, sound and common sense views of their relations to their medical advisers We gather from the address that the society gives zest to its meetings by a good, hearty, jovial supper, an excellent plan provided they avoid the extravagant, and otherwise objectionable revels, which formerly closed the sessions of the American Medical Association.

A Practical Treatise on the Diseases, Injuries and Malformations of the Urinary Bladder, the prostate Gland and the Urethra. By S. D. Gross, M. D., Prof. of Surgery, in the University of Louisville, &c., &c.; Second Edition, revised and much enlarged, with one hundred and eighty-four illustrations. Philadelphia: Blanchard & Lea, 1855.

Dr. Gross in the new edition of this work, has added upwards of two hundred pages of original matter. The author regrets that the size of the book is thereby increased for says he, "a large book is undoubtedly a great evil."

We cannot pretend to give a review of this work, although there is much of interest in its pages. The treatment as detailed in some of the cases we think open to criticism. Leeches, purgation, cauterization, &c., are used unsparingly, and as we think in some cases where tonics instead of antiphlogistics are required.

The author thinks that puncture of the bladder is rarely necessary,—he having never performed it. In reference to this operation he says:

> From what I have seen of retention of urine, I am satisfied that puncture of the bladder is rarely, if ever necessary. It is only in cases of extensive enlargement of the prostate gland, attended with great tenderness and swelling of the surrounding parts; in laceration of the urethra and infilteration of urine into the scrotum; and in deep-seated, impassible stricture, that the operation should ever be seriously thought of. All other forms of retention will, there is reason to believe, yield to the catheter, aided by time and by soothing measures. The celebrated Desault, indeed, used to maintain that puncture of the bladder was never necessary, on the ground that there was no case in which a skilful practitioner could not reach this organ with a catheter. During the eight years in which he held the rank of chief surgeon to the Hotel-Dieu, in Paris, he performed the operation only once, and that was soon after he took charge of the institution. It is true some of his cotemporaries have declared that he trusted too implicitly in his dexterity, and that he occasionally made a false passage; but this may have been a mere imputation, raised, without any just foundation, by his detractors. Be this as it may, no one, who has any experience on the subject, can doubt that the operation has often been performed unnecessarily, and that those who have most frequently executed it have been young men, little versed in the use of the catheter and bougie. The late Mr. Liston, whose experience in the treatment of urinary affections must have been very extensive, states that he never punctured the bladder but once.

We have recently had occasion to puncture the bladder above the pubes. The details of the case, we may report at some future time. The operation has been followed by no unfavorable symptoms. From the statistics of Mons. Mondiere, it appears that of nine cases of puncture in the perineum the operation was successful in six; of twenty-eight cases of recto-vesical, nineteen were successful, while of fifty-five cases of supra-pubic, forty-nine were attended with success. From the same table it appears that the recto-vesical puncture is less fatal, although more likely to result in fistulæ, infiltration and abscess.

The chapter on urinary deposits is very meager and unsatisfactory.

The subjects of calculus and structure are treated at length. In the appendix is a chapter on the prevalence of calculous disorders in the United States and Canada. The statistics of this affections are, valuable as it is only from a knowledge of the soil, climate, habits, food, and drinks. connected with this disorder that we can learn any thing of its etiology.

The work does honor to the author for his industry and energy.

For sale by Keen and Lee. J.

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Report of the Executive Committee of the American Temperance Union, 1855.

A pamphlet of forty pages containing much valuable information respecting the present condition of the liquor struggle in New York and in other states. It gives in full the N. Y. liquor law, and also sundry legal opinions upon it.

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The Indiana Journal of Medicine and Surgery. J. Jockson, M. D., T. W. Forshee, M. D, Editors : July, 1855.--Terms two dollars per annum in advance ; Madison, Ind.

It seems that an effort is again being made to nurse into life an Indiana Journal. Success to it, may it live longer than its predecessor. The number before us is creditable in matter, although rather inferior in style.

EDITORIAL.

Homœopathy.—In the August number, we inserted an article from a correspondent on this trite subject. We gave it a place, *first*, because it very fairly represented the leading doctrines of that *pathy*, as they were originally promulgated by Hahnemann and his immediate followers. Second, because it will enable those of our readers who are familiar with homœopathic practice at the present day, to judge how far it deviates from the original theories and practices of that sect. And third, because it would furnish an occasion for some remarks of our own, which may not *be* wholly unprofitable to the reader.

As our correspondent states, Homœopathy, as promulgated by Hahnemann and his followers, was based on two fundamental and distinct propositions, both of which were claimed as essential to the system. The first was, that "like cures like," or *similia similiabus curantur;* and the second, that the curative powers of medicines increase in a direct ratio with their dilution or attenuation, and consequently that none but *infinitesimal* doses are proper in the treatment of disease. The first of these propositions was not original with Hahnemann, nor with the sect called Homœopathists. The second was, however, and it was his bold and pertinacious promulgation of that idea, coupled with an unsparing denunciation of all who did not assent to its correctness, which led to his separation from the regular profession. So essential was this doctrine of *infinitesimal doses* considered, that nearly all the controversy that resulted from the first introduction of the system into practice was had in relation to it, while the first named proposition, *similia similiabus curantur*, attracted comparatively little attention. And our correspondent states truly when he asserts, that by the early and eminent of the Homœopathic sect, the *thirtieth* dilution or attenuation was considered the lowest that ought to be used in practice. But a very few extracts from the writings of living members of the sect, will show how far they have fallen from the high *spiritual* position of their original leaders. Thus Dr. B. F. Bowers of New York, in an article published in the *Homœopathic Examiner*, says: "He who takes as his guide in practice, the law, *like cures like*, whether he *gives much* or *little medicine*, *large* or *small doses*, is in principle a homœopathist, while he who rejects this law rejects homœopathy. Those persons who confound homœopathy with infinitesimal doses overlook an obvious distinction."—Again the same writer says: "Every homœopathist will agree, that the dose *must be large enough* to produce the required effect; more than this is at least unnecessary; and may be injurious. What is a suitable dose must be left to the enlightened judgement and experience of the practitioner." This amounts to a full surrender of one of the most prominent and cardinal doctrines of the original homœopathic school. The language is: "*The dose must be large enough to produce the required effect;*" thus coming directly back to the common sense of the regular profession. Nor is it in theory alone that the greater number of the homœopathists in this country have abandoned the infinitesimal doses In looking over their journals, wherever prescriptions are given in detail, they very rarely go beyond the sixth dilution, and in a large proportion of the cases it ranges from the first to the third. Thus, in a late number of the *Chicago Homœopath*, for a slight case of Chorea, we find the following: "Prescribed Cuprum Aceticum, 3d, *two grains* every morning, an hour after breakfast, with fresh air and exercise." And again, for a case of simple hoarseness or partial aphonia, "Prescribed Phosphorus, 6th, four pills three times a day." Here is no putting a pellet of the 30th attenuation into a tumbler of distilled water, and allowing the patient to take a teaspoonful once in 24 or 48 hours; nor the putting of a drop of the 60th dilution into an ounce of water, and directing the patient to *smell* it once or twice a day, as was practiced by Hahnemann and his immediate followers.

The inference from all this, and much more that might be adduced, is very plain and pregnant with meaning. It is, that the proposition to increase the *power* of medicine by diminishing the dose to *infinitesimality* is virtually abandoned both in theory and practice. And any homœopathist may give "much or little medicine, large or small doses," as his "judgment and experience may dictate." Then there is nothing left of homœopathy but the pretended law, "*like cures like.*" And as the selection of remedies in accordance with this proposition depends entirely on the judgment or fancy of each individual practitioner, it is obvious that, while adhering to the name of Homœopathy and making a show of sugar pellets, they are practically owing what success they do have to the use of ordinary remedies in not *very* attenuated doses. For, if the principle, "like cures like" will sanction the prescription of phosphorus for aphonia, and acetate of copper for chorea, there is no active principle in the materia medica that may not be prescribed for any given disease. There is one error that homœopathists most industriously propagate in the public mind, viz., that the only reason why their system, as they style it, is not universally adopted is, because the old, "hunkerish propensities and prejudices" of the regular prefession will not allow the members to investigate its merits. Now every decently intelligent homœopathist in the country knows full well that their system was most carefully investigated, both theoretically and practically, by members of the most learned medical societies in the world. That committees were appointed on it, particular patients in hospitals assigned for its practical application, and patient, detailed reports made; all of which only proved the system, as promulgated by Hahnemann, with its *infinitesimal* principle attached, entirely inefficient in practice and unworthy of further attention. And besides these public investigations, it is probable that for ten years after the first promulgation of the speculations of Hahnemann, very few intelligent physicians failed to put his fancies to the test of practical application, more or less. I remember full well that I tried it on more than one case of chronic disease, and patiently for many weeks tested the virtues of medicines on myself, strictly according to the directions of the great lights of the system. Refuse to investigate! why, does anybody suppose that physicians are such fools that they would pay out $100 per annum, perhaps, for quinine to use in their practice, if by any process of division, dilution or attenuation of doses, they could make *one dollar's* worth last all the year? But let our homœopathic friends continue to progress in the same direction a few years longer, and they will scarcely acknowledge more obedience to the absurd proposition, "like cures like," than they now do to the original *infinitesimal* humbug of their great founder.

D.

Medical Department University of Michigan and the Peninsular Journal.

In the May No. of this journal, we inserted a paragraph, simply pointing out what we deemed an unwarrantable assumption of *superiority* in the system of instruction given in the Medical Department of the University of Michigan, as set forth by the editor of the Peninsular Journal, Prof. A. B. Palmer. If our readers will turn to that number of the Journal, they will see that neither in the paragraph alluded to, nor in the whole article of which it was a part, did we say one unkind word in regard to the Ann Arbor school, or make the least comparison between it and any other school of medicine. And yet it has served to call out from Dr. Palmer *seven* pages in the July number of the Peninsular Journal. The first page and a half of this is made up of comments on confidence in the intelligence of the people of Michigan; another page is devoted to the benevolent work of informing his readers who the senior editor of this Journal is, what he has done heretofore, and what are his present personal relations to medical schools, reforms, etc.; while the remaining four pages and a half are devoted more particularly to the subject under consideration.

With the first part of Dr. Palmer's article we have nothing to do. The second, if it has any object or purpose, it is to lessen the confidence of his readers in my own personal and professional character,—a motive unworthy of an honorable rival and much more of a personal friend. We shall therefore pass it also in silence, leaving the author to gather all the gratification from it which his conscience will allow. The third division of his article however, shall receive all the attention its merits demand. And for this purpose our readers will pardon us for taking the time and space to call up a few items in the history of the past.

In the March or April number of the Peninsular Journal, its senior editor, who is also a professor in the Medical Department of the University of Michigan, devoted several pages to a notice of Dr. Cabell's Report on Medical Education, prepared for the Annual Meeting of the American Medical Association held in May, 1853. In doing so, he brought prominently before his readers such parts of the report as would appear most favorable to the course pursued by the medical faculty of the school of which he was a member. Of this we made no complaint; but he went further, and expressed his pride in the following language: "We are *proud* that the Medical Department of the University of Michigan *is so far in advance* of almost every other school in the country, in the cause of reform herein so ably pointed out."

This, if it meant anything, most clearly meant to convey the impression to his readers, that in its course of instruction and standard of requirements, the Medical Department of the University of Michigan was "far in advance" of all the other medical schools. It was this that we characterized as an "arrogant flourish" and a "baseless pretension." This was our plain, direct accusation, and the editor of the Peninsular Journal, instead of adducing proof that the accusation was unfounded, declares himself "pained" and surprised, and then dodges the whole question by getting up a most unfair and partial comparison between the requirements of the Michigan University and Rush Medical College.

Now we propose, first, to prove our original accusation to be *literally true;* and second, to show that in Dr. Palmer's pretended comparison of the two schools, he has been most unfair and unmanly. That our readers may be able to judge for themselves whether the Michigan school "*is so far in advance of almost every other school,*" in the cause of reform so ably pointed out by Dr. Cabell, or not, we will quote a summary of his views in his own language, as follows:

"Your Committee beg leave, in conclusion, to submit to your consideration the following resolutions, as a summary of the principle views embodied in the foregoing Report.

"1. *Resolved*, That the views and recommendations heretofore expressed by this Association, respecting the importance of establishing a uniform standard of preliminary education, of extending the term of lectures, and especially of greatly elevating the standard of professional attainments requisite to graduation, be hereby reaffirmed.

"2. *Resolved*, That this Association approves and recommends the practice of daily examinations by each professor, as essential for securing 'that active, practical discipline' of the mind which is one of the most important ends of collegiate instruction; and believes, not only that such a system might be easily put into operation, under an extension of the term of lectures, but that the whole ground-work of elementary medical instruction might be most advantageously assigned to the schools which may adopt that system, as a substitute for the very faulty one of private office instruction now in common use.

"3. *Resolved*, That this Association cordially approves of the establishment of "private schools" duly organized for giving that species of instruction which consists 'in demonstrations' and other practical exercises 'on the part of the student, instead of the instructor, but still under his direction and superintendence,' embracing the whole circle of clinical observation and practice, the use of the microscope, chemical manipulations, and the performance of surgical operations on the dead body; and it would earnestly recommend such institutions to the patronage of those graduates who did not enjoy similar advantages during the period of their collegiate pupilage.

"4 *Resolved*, That those medical colleges whose curriculum does not now include full courses of lectures on physiology and medical jurisprudence, be earnestly invited to make immediate provision for supplying the deficiency, and to require the professor of physiology to make an exposition of the outlines of comparative anatomy, to such extent, at least, as may be necessary to enable the student to appreciate the force of the evidence upon which the modern doctrines of physiology mainly rest."

Here we have a "summary" of Dr. Cabell's views in his own words; but to comprehend their full bearing we must go back to those previous recommendations of the Association, which Dr. Cabell in his first resolution proposes to have *re-affirmed*.

These may be found in the volumes of transactions of the Association for the years 1847-49-53: and are as follows, viz.:

"*Resolved*, 1. That it be recommended to all the colleges to extend the period employed in lecturing, from four to six months.

"2. That no student shall become a candidate for the degree of M.D., unless he shall have devoted *three entire years to the study of medicine*, including the time allotted to attendance on lectures.

"3. That the candidate shall have attended two full courses of lectures, that he shall be twenty-one years of age, and in all cases shall produce the certificate of his preceptor, to prove when he commenced his studies.

"4. That the certificate of no preceptor shall be received who is avowedly and notoriously an irregular practitioner, whether he shall possess the degree of M.D. or not.

"5. That the several branches of medical education already named in the body of this report, be taught in all the colleges, and that the *number of professors be increased to seven.*

"6. That it be required of candidates that they *shall have steadily devoted three months to dissections.*

"7. That it is incumbent upon preceptors to avail themselves of every opportunity to impart clinical instruction to their pupils; and upon *medical colleges to require candidates for graduation to show that they have attended on hospital practice for one session*, whenever it can be accomplished, for the advancement of the same end."

"*Resolved*, That the Association *does not sanction or recognize 'college clinics'* as *substitutes* for *hospital clinical instruction;* and *that the medical colleges be again advised to insist*, in all instances where it was practicable, on the regular attendance of their pupils, *during a period of six months, upon the treatment of patients in a properly conducted hospital*, or other suitable institution devoted to the reception and cure of the sick."

"*Resolved*, That in the opinion of this Association, a familiar knowledge of the elements of medical science should precede clinical instruction.

"*Resolved*, That in order to accomplish the latter, the hospitals, when they shall be elevated to the rank of schools of practice, and the intelligent private preceptor, are the most effectual instrumentalities to be employed."

It is proper here to remark that neither the report of Dr. Cabell, nor the "summary" embodied in the resolutions quoted from him, were ever read to or in anywise adopted by the Association; and they consequently stand on the pages of the transactions merely as the sentiments of their author. All the other resolutions quoted, however, were fully presented and *adopted* by that body. Now, let us see wherein the Michigan University is "*so far in advance*" of other respectable schools, in regard to the requirements and recommendations above fully and fairly quoted.

On a careful examination, the reader will find the only recommendations contained in the resolutions of Dr. Cabell, and not specifically contained in the other resolutions previously adopted by the Association, are first, "the practice of daily *examinations* by each professor;" and secondly, the establishment of "Private Schools" for certain specified purposes.

In regard to the first of these—the daily examinations by each professor—Dr. Palmer, with quite as little regard for truth as modesty, makes the following assertion, viz.: "This is only done in a partial and limited manner in Rush Medical College, and by only a part of the professors." Now we happen to know that *every* professor in the faculty of Rush Medical College, and also in a large number of other colleges in this country, *does* make it a rule to practice daily examinations of the classes in their several institutions. And hence, if his assertion to the contrary is not another "*arrogant flourish*," it certainly is not remarkable for its *modesty;* and until we have some other proof of their superior *advancement* in this particular than his interested assertion, the profession will know how much importance to attach to it. The other recommendation in regard to the establishment of private schools, is conceded to have no bearing on the present controversy. Having disposed of what is peculiar in the resolutions of Dr. Cabell, let us inquire concerning the *advance* or superiority of the Michigan school in the adoption of all the other measures specifically recommended by the American Medical Association itself. They are all essentially included, so far as Medical Colleges are concerned, in the seven resolves quoted and numbered above. And that our readers may again judge for themselves we will again quote the exact requirements of the Michigan school, not as *amplified* by Dr. Palmer in his editorial, but as published in their recent annual announcement for 1855.

They are as follows, viz.: "Each candidate for admission must be provided with satisfactory evidence of good moral character; and, if a candidate for graduation, also of such literary attainments as have been recommended by the American Medical Association. To be admitted to the degree of Doctor of Medicine, the student must exhibit evidence of having pursued the study of medicine and surgery for the term of three years with some respectable practitioner of medicine, (including lecture terms), must have attended two full courses of lectures, the last of which must have been in the college of Medicine and Surgery of the University of Michigan, and the previous one in this or some other respectable Medical Institution; must have been engaged in the study of practical Anatomy; must be twenty-one years of age, must have submitted to the Faculty a Thesis, composed and written by himself, on some medical topic, and have passed an examination at the close of the term, satisfactory to the Faculty. To encourage a higher grade of preliminary acquirement, an allowance of *one year* from the term of study is made in favor of graduates of the College of Science and Arts, and of other respectable Literary Colleges. Four years of respectable practice *is received in lieu* of one course of lectures. Each candidate for graduation must so announce himself at the commencement of his second course, and must be examined in anatomy, physiology, materia medica, and chemistry. He is also required to write and defend a medical essay once in two weeks."

Here, instead of requiring the devotion of "three entire years to the study of medicine," as recommended in the second resolve quoted above, is a provision for conferring the degree of Doctor of Medicine *after only two years study* ; instead of requiring in all cases attendance on "two full courses of lectures," as recommended in the third resolve, we heve provision for admitting certain candidates after attendance on only *one course* ; instead of having *seven* acting Professors in their Faculty, as recommended in the fifth resolve, they have only *six* ; instead of requiring their candidates to devote "three months to dissections," as recommended in the sixth resolve, they simply say "he must have been engaged in the study of Practical Anatomy;" and finally, instead of requiring attendance "on *hospital practice*, for *one session*, as recommended in the *seventh* resolve, they are either entirely silent on the subject or graciously tell their classes, that they must depend for this important part of medical instruction on the practitioners of the *rural* districts. Thus we find by direct comparison, that the Medical Department of the University of Michigan, either completely or partially fails to comply with *five* out of the *seven* formally established recommendations of the American Medical Association; recommendations too, which Dr. Cabell, himself wished to have "*reaffirmed.*"

And yet with all these glaring delinqencies, the Faculty of that school have lost no opportunity to impress upon the profession the idea that they had fully adopted the course of instruction and the requisitions recommended by the Association. Thus in their annual announcement for the session of 1852-3, they declare that: "The *peculiar* position of the College of Medicine and Surgery of the University of Michigan, is such that it has been *enabled fully to comply with the demands of the profession*," *&c.*

The same impression is sought to be made by Dr. Z. Pitcher, an emeritus professor in the same school, in his report on Medical education, read to the American Medical Association, in May 1853, in which he uses the following language: "By the medical faculty of the University, all candidates for the degree of M. D., *are rigidly required to comply with the conditions of the National Medical Association*, except attendance on hospital cliniques," &c. And at the same meeting of the Association, Dr. Palmer, himself *seconded* ,with his accustomed *modesty*, and strongly urged the adoption of a resolution specially endorsing and commending the medical department of their University. But finding a continuance of the discussion likely to bring before the association some of their important deficiencies, the resolution was withdrawn. They were not content, however, to stop here. For at the last annual meeting of the Association the same Dr. Palmer, procured the introduction by Dr. Atlee, of Pa., of resolutions condemning any attempt to introduce a chair of Homœopathy into regular schools of Medicine. The resolutions were right enough and were adopted. But on them Dr. Palmer made a speech in defence of his favorite University, in which, as reported by himself, we find the following language, viz.: "an institution which had sought to comply with the recommendations of this body." And again: "The founders of the medical department of the University of Michigan, sought in its organization to follow your directions," &c Now let the reader compare these repeated claims to a compliance with the important recommendations of the National Association, and these well studied efforts to procure from that body some special endorsement, with their actual *requirements*, as quoted directly from their last annual announcement, and then judge whether our charge of "arrogant flourishes" and "baseless pretensions," was well founded or not. It is true that they have adopted a *long* lecture term. But so has one of the Medical Colleges in Virginia; so has the Medical department of the University of Pennsylvania; so has the College of Physicians and Surgeons of New-York, and some others. And hence they have no valid claim to being "*far in advance* of almost every other school," in this respect. All they have left in the whole list of their requisition, on which they can rest a claim of *advancement*, may be seen in the first and last paragraphs of their requirements, as quoted above. The first declares that candidates for graduation "must be provided with satisfactory evidence of such literary attainments as have been recommended by the American Medical Association;" and the last that they "must write and defend a Medical Essay once in two weeks." This latter, as explained in the article of Dr. Palmer, seems to be a kind of primary school exercise in the art of writing *compositions.*

When we put along side of these imperfect requirements in regard to literary attainments, their provision for deducting *one third* from the usual period of Medical study; for dispensing in some cases with *one course* of lectures; and their failure to exact attendance, at least, one term on practical dissections and hospital clinical instruction, we are forcibly reminded of a certain class in ancient times, who "paid tithes of mint and cummin and anise," but "neglected the weightier matters of the law," &c. Here we would willingly leave this subject, had not Dr. Palmer in his effort to escape from the charge of having made "baseless pretensions," instituted a most unfair and uncalled for comparison between the requisitions of the Michigan University and those of Rush Medical College. In making this comparison he is careful to state fully, and even to *amplify*, all the requirements of the school with which he is connected at Ann Arbor, enumerating the *certificates* of term of study, preliminary education, moral character, theses, examinations, &c., &c.; and in immediate contrast with them, instead of quoting the requisitions of Rush Medical College, as published in its annual announcement and rigidly enforced by its faculty; he places nothing but the following extraordinary paragraph, viz.: "That Institution (Rush Med. College) admits to the graduating class all who have studied the usual time, attended two courses of lectures of sixteen weeks, and who writes and hands in a thesis, which is seldom, perhaps, read—never by the student before the faculty or class" We called this an extraordinary paragraph, and it certainly is so, for it violates the rules of *grammar*—sets at nought the common courtesies of life—and in the position in which it was placed by its author, it conveys the most glaring falsehoods.

The broad assertion here made, that the Faculty of Rush Medical College admits to her graduating class all who have simply studied the usual time, attended two courses of lectures, and have written and handed in a thesis, leaves the reader to infer, as a matter of course, that no attention is paid to evidence or certificates of age, moral character, term of study, place of previous attendance on lectures, &c., &c.,—an inference which Dr. Palmer knows to be utterly false. And yet, if he did not *wish* such an erroneous inference to be drawn by his readers, why did he not quote our requirements in full, as he did those of the school with which he was himself connected. Had he done so fairly and honorably, his readers would have seen, that, instead of failing to comply with *five* out of the *seven* specific recommodations of the American Medical Association in regard to Medical Colleges, Rush Medical College falls short in only *two*, namely, the length of the lecture term and the permission of four years practice to take the place of one course of lectures. If by the foregoing observations our friend, the editor of the *Peninsular Journal*, finds himself and the school with which he is connected, placed before the profession in no enviable light, he may blame no one but himself and his colleagues. Placed in a school richly endowed by the State, and paid fixed salaries wholly independent of their classes; the profession had a right to expect that they would take a high and firm stand in the cause of Medical Education; demanding in *all cases* the full period of Medical Study; attendance on at least *two* courses of lectures; and a full compliance with the recommendations of the profession in regard to literary attainments, personal attention to dissections, and to clinical instruction. How they have answered these just expectations the reader can judge from the facts and records already adduced.

Fee Bill.—The following rate of charges or *fee bill*, having reference simply to the more common items of practice, was agreed upon by the Cook County Medical Society in April last, and it has since been approved and signed by nearly all of the active Practitioners in the city. It is an advance of about fifty per cent. on the former rates of charging; and is by no means equal to the advance in the expense of living in this city. Dur-the last three years, for instance, both house-rent and house-keeping have doubled; and the prices of almost everything else have increased in like proportion. Under such circumstances, at the former rate of charging, it was found that it required all the proceeds of a full and laborious practice to give the physician and his family a comfortable support, without accumulating for him fifty dollars annually. Hence the profession of the city has done only a simple act of justice to its own faithful and hard-working members by adopting the rates that follow, viz.:

1st.	For	ordinary visits in the day-time, - -	$1,50
2d.	"	Night visits, (from 10 o'clock, P.M., to 6 A.M.)	3,00
3d.	"	Consultation visit, from - -	5,00 to 15,00
4th.	"	Subsequent Consultation, visit to same patient, - - - - -	2,00 to 3,00
5th.	"	Physical Examination, chest, &c., from	3,00 to 5,00
6th.	"	Attendance on Obstetrical cases, "	10,00 to 20,00
	"	Use of Instruments in addition, "	5,00 to 20,00
7th.	"	Vaccination in the office, - - -	1,00
	"	do. at the patient's residence in addition to the usual charge for visit 50 cts. for each person vaccinated.	
8th.	"	Attendance on Small Pox cases per visit,	2,00
9th.	"	Visits in the country by private conveyance, per mile,	1,00

Obituary —Dr. James C. Bliss died in this city on the 30th of July, after having endured great suffering from Neuralgia, supervening upon a complication of maladies, which resisted all medication. Dr. B. was eminent as a practitioner, estimable as a man, istinguished as a Christian philanthropist, and in all relations of fe he sustained an exalted character. No man in the profession, New York, will be more missed by his brethren, or more delored by his patients than he. He was 65 years of age, but etained his habits of activity, industry, and punctuality, which ere proverbial, until smote down by his last illness. Peace to is memory.—*American Med. Gazette.*

MEDICAL COLLEGE OF OHIO.

SESSION OF 1855-56.

THE THIRTY-SIXTH ANNUAL COURSE OF LECTURES in this Institution, will commence on the 15th day of October, and continue until the last day of February.

FACULTY.—Thos. Wood, M D., Prof. of Anatomy; J. A. Warder, M D, Prof. of Chemistry and Toxicology; James Graham, M.D., Prof. of Materia Medica and Therapeutics; G. C. Blackman, M. D., Prof. of the Principles and Practice of Surgery and Clinical Surgery; John H. Tate, M.D., Prof. of Physiology, Hygiene and Medical Jurisprudence; N. T. Marshall, M.D., Prof of Obstetrics and Diseases of Women and Children; S. G. Armor, M.D., Professor of Pathology and Practice of Medicine and Clinical Medicine; R. L. Rea, M.D., Demonstrator of Anatomy.

FEE for the Whole Course, $92; Matriculation (paid only once) $5; Hospital, $5; Graduation, $25; Demonstrator's Ticket, $8; Board, $2,50 to $3,00 a week.

A Preliminary course free to all students. will commence on the 1st of October and continue until the commencement of the regular session

Clinical Instruction by the Professors of Clinical Medicine and Surgery, will be given daily at the Commercial Hospital.

A Medical and Surgical Clinique has also been established in connection with the College, at which cases will be prescribed for, and operations performed, in presence of the Class.

Students may rely upon an abundant and prompt supply of MATERIAL

Letters addressed to the Dean, or any member of the Faculty will be promptly answered.

Students on arriving in the city. can obtain further information by calling on the Dean or Janitor at the College. on 6th street, between Race and Vine

S. G. ARMOR, M.D., Dean of the Faculty.

THOS. WOOD, M.D., Registrar.

PHILADELPHIA COLLEGE OF MEDICINE.

THE Winter Session will begin on Monday, October 8, 1855. The Spring Session will open in March, 1856, and close in July. Degrees are conferred in March and July.

FACULTY.

George Hewston, M.D., Prof. of Anatomy
H. Howard Rand, M D., Professor of Chemistry.
H. Hartshorne, M.D., Prof. of Institutes of Medicine.
James L. Tyson, M.D., Prof. of Materia Medica.
Isaac A. Pennypacker, M.D., Prof. of Practice of Medicine.
James Bryan, M.D., Prof. of Surgery.
Lewis D Harlow, M.D., Professor of Midwifery, etc.
Joseph Parrish, M.D., Emeritus Prof. of Midwifery, etc.

FEES.—One Full Course, $84; Perpetual Ticket, $150; Matriculation, $5; Graduation, $30.

The students are examined daily by the Professors upon each branch. Advanced students are furnished gratuitously with the hospital ticket for one year, and have opportunities of attending cases in Medicine, Surgery and Midwifery, under care of the Professors.

For announcement or other information, address

B. HOWARD RAND, M.D., Dean,
At the College, 3d st., below Walnut.

STARLING MEDICAL COLLEGE.

SESSION OF 1855-56.

LECTURES.—The Lectures will commence on Wednesday, the 18th of October, and continue for twenty weeks, ending Tuesday, the 6th of March.

FACULTY.

S. M. Smith, M.D., Prof. of Theory and Practice, and Dean.

F. Carter, M.D.. Prof. of Obstetrics and Diseases of Women and Children.

E. Moore, M.D., Professor of Surgery.

John Dawson, M.D., Prof, of General and Special Anatomy and Physiology.

J. W. Hamilton, M.D., Prof. of Materia Medica, Therapeutics and Medical Jurisprudence.

Theo. G. Wormley, M.D., Prof. of Chemistry.

S. Loving, M.D., Demonstrator of Anatomy.

FEES.—Tickets for all the Professors, $60,00; Matriculation Ticket, $3,00; Graduation Fee, $20,00; Ticket for the privileges of the Dissecting Room, including the services of the Demonstrator, $5,00.

Subjects for discussion in the building furnished at a moderate expense, on application to the Demonstrator of Anatomy AND IN NO OTHER WAY.

Inquiries and requests being sometimes made for indulgence in time, we propose to allow, in such cases, that a judgment note for $65, with interest and approved security, payable in one year, may be taken. But our *rule* is, payment within the first three weeks of the session.

EXPENSES FOR A SINGLE SESSION.

Fees, including the Dissecting Ticket, $68; Boarding, including lights and fuel, from $2 to $3 per week, for twenty weeks, $40 to $60.—

Total $108 to $128 00

There are three extensive Bookstores in Columbus, at which Medical works in great variety are sold at very low rates. Surgical, Obstetrical, and Dissecting Instruments are readily obtained.

S. M. SMITH, M. D , Dean.

Columbus, Ohio, Sept., 1855.

RECEIPTS FOR THE MONTH OF AUGUST.

ILLINOIS.

Drs. J. G. Brown $2; A. G. Randall, $2; A. M. Abbott, $2; M. Davis, $2; John Garrison, $2; A. G. Porter, $2; C. M. Robertson, $2; T. S. Mills, $2; J. G. Tilden, $2; Wm. Hanly, $2.

WISCONSIN.

E. G. Dyer, $2; Rice & Clark, $2.

INDIANA.

Drs. G. A. Armstrong, $2; F. M. Denny, $2.

IOWA

Drs. Ephraim Clifford, $2; J. Doron, $2;

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.

VOL. IV. OCTOBER, 1855. NO. 10.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*A Case of Twins with Malpresentation.*

JULY 27th, 1855.—Called at 4 o'clock, A. M., to Mrs. Daily, a native of Ireland, aged 42 years—in her tenth confinement. Learned from the attending midwife that she had been in active labor since six o'clock of the former evening—a duration of ten hours; the pains still continued strong and severe. On examination, per vaginum, found the os uteri fully dilated, the walls of the vagina moist and yielding, but the presentation so complicated and novel, that I felt reluctant to hazard any diagnosis or further procedure without counsel, I therefore sent for Prof. Freer, who, on making an examination pronounced the presentation to be one in which two fœtal heads occupied the right and left illiac fossæ respectively, with the right arm and prolapsed funis of the right child presenting intermediately. The accuracy of this diagnosis was fully confirmed by subsequent manipulations.

Our first aim was to correct the malposition of the head of the right child, and to place it in the most favorable relation to the diameters of the pelvis. The arm and funis were gently pushed up and retained above the brim, until the malposition of the head, by means of the vectis and external abdominal manipulation, was corrected: but the tendency of the head to recede was so great that it was impossible to prevent its return into the iliac fossæ. The retention of the head at the brim for a sufficient length of time to admit of the application of the forceps was impracticable. Finally, version was agreed upon. A succession of attempts was made by both without success. The powerful contractions of the uterus which supervened on introducing the hand, the seeming multiplicity of extremities and the anomalous tortuosities of the cord, all tended to frustrate the explorations for the feet.

Prof. Blaney, was now sent for to share the fatigue and responsibility. In the meantime Prof. Freer, with praiseworthy perseverance made another attempt by which he succeeded in securing one extremity of the right child, at the flexor of the knee. But it was not until firm and long continued traction had been made that the arm and head receded and the foot was brought down. The first child was then delivered as in breech presentations,—the child still-born.

After the birth of the first child a sufficient amount of hemorrhage occurred to warrant the immediate introduction of the hand into the uterus, which detected an hour glass contraction, including the placenta, and second child above the point of contraction. The feet were immediately seized—version effected, and to avoid detail, delivery completed in a very short space of time. The child alive—but requiring artificial respiration for its resuscitation.

The placenta was removed without any unusual difficulty. It was a single placenta of large size, furnished with two sets of membranes. The size of the uterus was enormous and the abdomen pendulous. During the whole period of labor the patient retained her strength, notwithstanding the severity of the manipulations, and the almost continuous succession of the pains.—An excellent example of Irish tenacity of life.

At half past twelve, P. M., left her, ordered ergot lest hemorrhage should occur, the uterus not having contracted perfectly.

In the after treatment of this case there have been no symptoms differing from those observed in convalescence from natural labor.

The novelty of this case may be thus summed up, as consisting in the presentation of two fœtal heads—an arm and a prolapsed funis, in the singleness of the placenta, and in the unusual contortions and intricate windings of the cord. To the above summary may be added the complications of an hour glass contraction and uterine hemorrhage.

ARTICLE II.—*Proceedings of the Cook County Medical Society.* Large doses of Tinct. Opii., without any poisoning effects, &c.

THE Cook County Medical Society held its regular monthly meeting on the first Tuesday in September. A respectable number of members were present, and the meeting was both interesting and profitable. Edmund Andrews, A. M., M. D., was duly proposed and elected a permanent member of the Society. After the transaction of some other business of no general interest, the reading of reports and communications being called for, Dr. Paoli read a paper detailing an account of a case of labor and of monstrosity or imperfect fœtal development.

The mother was attacked, shortly before the commencement of labor, with a pretty copious uterine hemorrhage, for the suppression of which she took two *drachms* of oil of turpentine, and had cold water applied over the pubes.

The hemorrhage soon ceased, but labor-pains subsequently came on, and expelled a fœtus of six or seven months growth, but of very defective formation. Among other anomalies, the umbilical cord was detached from the fœtus and the intestines were protruding from an apparent rupture in the abdominal walls. The only vestige of umbilical cord which could be found was a piece about two inches long attached to the placenta. The placenta, itself was much diseased throughout its whole extent; and in some places appeared to have undergone partial decomposition.

Dr. P., said the fœtus had the appearance of having been dead from twenty-four to forty-eight hours before its expulsion, but he thought the morbid condition of the placenta of much longer duration. Dr. Bevan reported verbally a case in which an unusual quantity of tincture of opium was taken without any severe effects. The patient was a man aged about thirty years, of intemperate habits, and evidently laboring under partial insanity at the time. On the 29th of August he procured two ounces of Tinct. Opii. for the purpose of killing himself.

In the evening he took one ounce of it; during the night half an ounce more, and in the morning of the 30th, he took the remaining half ounce. After waiting until 10 o'clock, A. M., without any serious effects, he went to a Drug-store near by, and procured four ounces more of the laudanum. He took one half of this (℥ij) before 11 o'clock, A. M., and between three and four P. M., he took the remainder, except about ℥½, which was left in the vial; and was presented to the Society for examination.

A few minutes after he took the last dose, he seemed to realize his condition, and hastened directly to Dr Bevan's office, to whom he related what he had done. The doctor immediately administered an emetic, which operated freely. The matter ejected from the stomach, both in color and smell gave evidence of being strongly impregnated with laudanum. No marked sleepiness or other unpleasant symptoms followed, except a pain in the occipital region, and retention of urine. The latter made the use of the catheter necessary. On the first of September, he was able to patronize the dram-shops as usual, and became thoroughly intoxicated. There is, of course, no absolute certainty that the man took all the laudanum stated above; but the emptiness of his vials, and the fact (fully ascertained) that he had purchased the quantity named, all corroborated his own statement, and rendered it probable that he had actually taken the whole amount. Good judges pronounced the specimen of laudanum exhibited to be of good quality, and prepared in accordance with the directions of the United States Dispensatory.

Prof. A. B. Palmer, also related a case which came under his observation not long since. The patient was a Scotchman by birth, and had been much affected by domestic troubles, which he attempted to drown by drinking beer. Not succeeding in this he attempted to kill himself with laudanum. For this purpose he purchased two ounces of laudanum and nearly a pint of whiskey; took them to his room, and in the evening, drank about half of the whisky and *all* the laudanum. He also took the same evening an ounce of a mixture of Tinct. Hyosciamus, Tinct. Opii. and Tinct. of Camphor about equal parts, and went to bed. The next morning he was found in bed sleeping rather soundly, with face purplish or of a livid color. A physician was called, who attempted to give an emetic. But the patient aroused up and positively refused to take any medicine, saying that he knew what he wanted. Dr. Palmer saw him in the afternoon.

The pupil of the eye was strongly contracted, and the patient sleepy though easily roused. He drank freely of tea and coffee, and recovered without any vomiting or dangerous symptoms. He had retention of urine, however, and symptoms of delirium tremens for two or three days.

The question how far the co-incident use of alcoholic drinks and incipient insanity or delirium is capable of counteracting the effects of opium on the system, was discussed by members of the Society, but elicited no additional facts of importance.

The following case recently sent us by Dr. Dodson, has a bearing on the same question, and on that account, may be of interest to the reader.

ARTICLE III.—*A Case of Lunacy*—Ensuing neglect of treatment in the hands of a Homœopathist, successfully treated at Morris, Ill.

By B. E. Dodson, M. D.

Mrs. E., aged 38, was taken with billious intermittent fever about the 11th of August—she sent for a Homœopathic doctor. She had at the time, her catamenal period. A few days after the commencement of treatment, a suppression of the discharge took place—a few days after which, a transition of the disease to the brain was manifest. That treatment was continued up to the 19th, during which time the lady was a raving maniac, sometimes contemplating the destruction of her children, &c. As the patient was fast sinking from continual incoherent talking, and the ravages of the disease, at the request of the Father of the patient, the

Homœopathic doctor was discharged, and I was called. August 19, 10 o'clock A. M., found the patient with pulse 140, skin cadaverous and cold, extremities cold, tongue coated with dark, brown, heavy coat, patient restless, very nervous—talking all the time, incessantly, and perfectly deranged, with obstinate constipation of the bowels. Administered sulp. morphine 4 grs., applied large blister to the back of the neck, and sinapisms to the hands and feet.

Evening visit found her a little more composed—gave sulp. of morphine 2 grs., ordered the nurse not to allow her to disturb the blister or mustard plasters, which she was disposed to tear off.

20th, 8 o'clock, A. M., patient still delirious, a maniac, had torn off blister and plasters, was perfectly uncontrolable (at this visit my father-in law, Dr. Edwards, was with me), ordered the hair to be shaved off the head, re-applied blister, covered with tart. emetic, first rubbed the skin with oil of turpentine, tied the patient in straight jacket—gave 80 grs. of sub. murias hydrarg with sulph morphine 3 grs.

Evening visit, no change, gave 60 grs. sub. murias hydrarg, with sulp. of morphine 2 grs.

21st, 8 o'clock, A. M., found patient in a moist sweat, pulse 130, more composed—ordered apperients, composed of salts and senna, and continued until the bowels move.

Evening visit, patient better, would answer some questions, bowels had been evacuated four or five times, skin and tongue moist, pulse 120, gave sulp. of morphine 2 grs., extract of belladonna, ½ gr.

22d, 8 o'clock, P. M., patient improving, pulse 100, called for food, blister very sore and painful, poulticed the blistered surface; ordered gruel, and powders every four hours, composed of sub. murias hydrarg. 2 grs., sulp. of morphine ⅛ gr., and continued belladonna in ¼ gr. doses, every four hours.

Continued above treatment three days, patient growing more composed and rational, (had taken off straight jacket on the morning of 22d), slight ptyalism induced, gave salts and senna, moved the bowels, gave a few doses of sulp. quinine and opium, during the 25th, 26th, and 27th, and discharged the patient, August 28th, perfectly restored.

Now the question may be asked, why we would continue to give sulp. of morphine in four gr. doses, and 140 grs. sub. murias hydrarg within twelve hours, and continue morphine in two and three grs. doses, &c. In answer I will simply say, that I considered to save my patient from *permanent lunacy*, a prompt work had to be done; and that *potent remedies* were *the means* to be used; and further that I believed the absorbents to be about in the condition that I would expect to find them; in a *continued neglected* case of mania a potu, and I applied my remedies accordingly, and the sequel bears me witness that my diagnosis was correct.

ARTICLE IV.—*A Case of Inverted Uterus.*

Was called to see Mrs. M., Tuesday evening, the 27th of last August, found a feeble attenuated female, about 30 years of age; upon enquiring as to the nature of her complaint, ascertained that she had been delivered of a living infant, the Saturday evening previous; that after delivery she had repeated fainting fits, with continuous excruciating pain in the lower part of the abdomen, the midwife declaring that she (the patient) was about having another baby, as she had felt and continued to feel its head in the passage.

This history, of course, incited an examination of the vagina, sure enough there was something there filling the passage, and corresponding in size to the head of a fœtus, but the tumor was bleeding, and not quite so hard as a fœtal head; no fontanella could be felt, neither could any os uteri be discovered. The midwife stated that she found this condition after she had taken, or in the act of taking the afterbirth, and then thought it was the patient's stomach coming down, she positively denied having made any traction on the cord.

Upon passing the tumor upwards in the axis of the pelvis, there was a perfect cataract of warm fluid, flowing over the hand, and deluging the bed, evidently the contents of a distended bladder. Handling the tumor, and any degree of pressure upon it called forth piteous exclamations from the poor woman. The pulse of the patient was rapid and feeble, the countenance expressive of great anguish. Examination of the hypogastric region gave no indication of the presence of a post partum uterus, generally so prominent in that region after recent parturition.

A consultation was immediately demanded after unsuccessful efforts to reduce the tumor, intimating at the same time to the friends, the nature of the case, and the woman's critical condition, they requested me to do all that could be done. I therefore went in pursuit of professional aid, after putting a bottle of chloroform in my pocket, determining not to forestal the medical opinion of the gentleman, by any intimation of the nature of the case, merely stating it as an obstetrical case. "What is the matter here?" quoth the Dr. "Matter enough yer honor, the lassie has had a bit of a babe last Saturday, and now there is another one, but it will not come at all at all," replied the old Granny. Then she has had a child, I thought *that* was the difficulty. Will you examine the vagina Dr. An inverted uterus! exclaims the Dr., yes I replied total inversion, this he affirmed with the remark, that there was only one remedy, viz., reduction. Have you chloroform? I have: After fully acquainting her friends with her perilous condition, and giving her an opportunity of being shrived by the priest, we got her fully under the influence of chloroform; but after every manipulation that was thought of had been resorted to, we failed to reduce it. It continued hard, and unyielding; grasping the tumor in the hand, (as far as its bulk would allow), and by this means squeezing the blood out, signally failed also, so that much to our regret, we had to abandon all further efforts at reduction, and only hoped that what we failed to do might be accomplished by some effort of nature.

Wednesday morning, the woman says that she is free from pain, pulse rapid, skin hot, slept some during the night, incontinence of urine, tumor in statu quo, still bleeding, no appetite, ordered wine and beef tea.

Thursday, much the same, excepting skin not so hot, tongue clean, incontinence of urine continues, tumor has ceased to bleed, no appetite, to continue diet as above.

Friday, more feeble, and emaciated, looks wild, says she has no pain, other appearances the same. Sunday morning, is delirious, can hardly be kept in bed, talking incessantly, tender abdomen, hot skin, in fact fever has set in, will not take nourishment, nothing but water.

Monday, is sinking into a typhoid condition, is so violent, as to be almost unmanagable, indifferent attention to her, the nurse and friends afraid of her, my directions so indifferently attended to, that I ceased to visit,—she died the following Monday.

The friends were averse to a *post mortem*, I suppose, for they promised to advise me of her death, with this view—but which I did not ascertain until after her burial.

Remarks.—It is much to be regretted that so much antipathy exists against *post mortems*, by the community generally; this case would have been doubly interesting, if the condition of the parts had been declared by actual inspection. I am fully satisfied in my own mind, that it was complete inversion, though my friend, upon hunting up authorities, thinks, that to have been total inversion, the tumor would have projected beyond the vulva. But if it had been only partial, the efforts that we made would no doubt have restored it, and besides in partial inversion, the os uteri ought to have been discovered grasping some part of the inversion. Also upon pressing up the tumor in the vagina, and then by counter pressure upon the abdominal walls, a distinctly defined ring, or indenture about an inch and a half in diameter, could be detected through the abdominal walls.

The tumor in the vagina was slightly smaller at its upper part, but too large even there to be grasped fully by the hand, and did not terminate in a constricted part, but lost itself in the walls of the vagina; the lower part was just within the vulva.

HENRY RITCHIE.

ARTICLE V.—*The Lake Superior Region Favorable to Health and Longevity.* By W. B. Herrick, M. D.

In order to arrive at correct conclusions upon the influence of the climate of any region upon health, it is all important that certain Meteorological phenomena, such as the temperature and barometrical changes, the humidity, density, purity, and other conditions of the atmosphere be closely and accurately observed; and, that the separate and combined influences in modifying vital action, both in health and disease be thoroughly investigated and determined.

A comparison of the following observations made at Fort Wilkins, Keweenaw Point, on Lake Superior, and at Fort Snelling, on the Mississippi, shows, most conclusively, how great are the modifying influences of the large bodies of water in the region of Lake Superior, in tempering its climate:

	Latitude.	Mean Temperature.	Winter.	Summer.
Fort Wilkins,	47°30′	41°46′	24°83′	58°61′
Fort Snelling,	44°53′	44°8′	16°3′	71°06′
Extremes at Fort Wilkins,			9°—	93°
" " Snelling,			23°—	115°

By the above table it will be seen that at Fort Wilkins on Lake Superior, nearly three degrees north of Fort Snelling on the Mississippi, the mean temperature is nearly the same, but, that it is 8° 53′ colder in winter and 13°9′ warmer in summer on the banks of the Mississippi than on the borders of Lake Superior, and that at Fort Wilkins the thermometer did not at any one time fall lower in winter than 9° below, or rise higher in summer than 93° above; yet at Fort Snelling, it ranged from 23° below in winter, to 115° above zero in summer.

This remarkable difference in the range of the thermometer at two points, nearly in the same latitude, and about the same distance from the coast of the Atlantic, is produced by several causes, the most important of which is, doubtless, that resulting from the fact that but few, if any, bodies of water exist to modify the temperature of the atmosphere of the vast prairies bordering upon and extending hundreds of miles in every direction from the Mississippi, whilst on the contrary, numerous and vast bodies of fresh water abound everywhere in, and surround in every direction the Lake Superior region, cooling the atmosphere by contact, and the absorption of heat by evaporation in summer, and warming it in winter by the liberation of latent heat, during the congelation of vapor and water to form vast bodies of snow and ice. Another reason, not referred to before by writers so far as we know, modifying the temperature of this region, results, doubtless, from the fact, that in the line extending from Lake Superior to the Pacific, nearly in the course of Stevens' Survey, there are but slight if any mountain barriers, to obstruct the free passage of atmospheric currents from the equable and congenial climate of Washington Territory.

Barometric changes as well as those of temperature, influence doubtless the vital functions of animals, to such an extent at least, as to require to be taken into consideration in all investigations regarding the influence of climate upon health. We are not able at this time to avail ourselves of statistics, if any exist, by which to show variations in the pressure of the atmosphere in this region; yet there are certain curious phenomena presented in the sudden rise and fall of water in our lakes, and especially in Lake Superior; which to my mind can be most rationally explained, by supposing that they are the result of varying amounts of atmospheric pressure, acting upon their surfaces at varied times and in different localities.

Concerning these remarkable phenomena, Messrs. Foster and Whitney, in their geological report, published in 1850, make the following remarks:

"Lake Superior possesses all of the sublimity of the ocean. In gazing on its surface, whether stretched out like a vast mirror, reflecting the varying tints of the sky, or ruffled by gently curling waves, or lashed by the fury of the storm, the beholder is alike impressed with a feeling of the grand and the infinite. During a residence of several summers on its borders, our attention has been directed to the fluctuations in the level of its waters; and, while we have failed to detect any ebb and flow corresponding with the tidal action, we have, on the other hand, noticed certain extraordinary swells which appear to be independent of the action of the sun and moon.

"These risings attracted the attention of the earliest voyagers, and they have not failed to record their observations with a minuteness worthy of commendation.

> "In the Relation for 1670-71, Dablon uses the following language: 'As to the tides, it is difficult to lay down any correct rule. At one time we have found the motion of the waters to be regular, and at others extremely fluctuating. We have noticed, however, that at full moon and new moon the tides change once a day for eight or ten days, while, during the remaining time, there is hardly any change perceptible. Three things are remarkable: first, that the currents set almost constantly in one direction, viz.: towards lake Michigan, which does not prevent their ordinary rise and fall; second, that they almost invariably set *against* the wind—sometimes with as much force as the tides at Quebec—and we have seen ice moving *against* the wind as fast as boats under full sail; third, that among these currents we have discovered the emission of a quantity of water which seems to spring up from the bottom!'"

Dablon, the writer last quoted, attempts to account in part for these changes by assuming that there are underground passages leading from Lake Superior to the lower lakes. Such a supposition, which, for various reasons, the writer considers untenable, would favor the theory that these changes are produced in whole, or in part, by varying weight of the atmosphere at different times and localities.

The following quotation from the work referred to above, is, as it seems to the writer, nearly conclusive in the support of this view:

> "Professor Mather, who observed the barometer at Copper Harbor during the prevalence of one of these fluctuations, has published the results of his observations. He remarks: 'As a general thing, fluctuations in the barometer accompanied the fluctuations in the level of the water; but sometimes the water level varied rapidly in the harbor, while no such variations occurred in the barometer at the place of observation. The variations in the level of the water may be caused by varied barometric pressure of the air on the water, either at the place of observation or at some distant points. A local increased pressure of the atmosphere at the place of observation would lower the water level where there is a wide expanse of water, or a diminished pressure under the same circumstances would cause the water to rise above its usual level.'"

Admitting the correctness of this view, and it would require but a few observations made with the proper instruments on the shores of this or any other lake to test its truth or fallacy, and we have the reciprocal action of the water below upon the atmosphere above, acting in such a manner as to modify the pressure of the atmosphere, making it greater or less according as the water is higher or lower; thus making the action of the lakes in this region important agents to modify barometric pressure as well as temperature; and, additional contributors to health and longevity, by preventing, measurably, those excessive barometric changes so detrimental to life and health.

The hydrometric condition of the atmosphere of this Lake Superior region, is so far as we know, a subject still waiting for and requiring investigation, hence we will state briefly what are some of its geographical and geological features, which must, in conformity with well known natural laws, have the greatest influence in modifying the hydrometric condition of the atmosphere. The numerous bodies of water which surround Lake Superior in every direction, added to its own broad expanse, present an evaporating surface to the sun and air, such as must facilitate to a remarkable degree the accumulation of watery vapor in the atmosphere of this region, yet there are good reasons for believing, as seems to be the general impression of the inhabitants here, that extremes of humidity as well as dryness seldom, if ever, occur. Among the most important modifying influences affecting atmospheric humidity is, doubtless, the charater of the country bordering upon the coast. Upon this subject Prof. Agassiz remarks as follows:

> "The general shape of Lake Superior is that of a crescent. But it would be a great mistake to suppose it bounded by curved lines. Its shores are combinations of successive sets of straight parallel lines, determined in each instance by a peculiar system of trap-dykes. These dykes have five general directions, and the outlines of the shores are determined by their combinations."

The mountains and highlands of this region are not elevated to a height sufficient to lower to any great extent the temperature of the atmosphere passing over them, yet their broken and irregular outlines as well as the angularity of their junction one with another constitute numerous projecting barriers imperfectly separated by corresponding depressions, by which all atmospheric currents are broken up and changed in their direction to such an extent that the unfortunate coaster frequently finds himself suddenly checked in his own onward course, and his sail flapping between two atmospheric currents, coming from opposite points of the compass, or what is less common, perhaps he finds himself suddenly drenched by rain or enveloped in fog resulting from the sudden condensation of watery vapor, previously suspended in one or the other of two atmospheric currents, uncongenial both in humidity and temperature, which have suddenly and unexpectedly met, in their passage to and from different elevations of old Superior's castle-walled and terraced coast. In view of the facts here presented, it is evident that in an atmosphere in which the currents are so varied and unlike in direction, temperature and humidity, no great excess of watery vapor can be accumulated or remain suspended for any length of time, without being affected by one or the other of these numerous condensing causes.

Another influence which is very efficient, doubtless, as a preventive to the excessive accumulation of watery vapor in the atmosphere of this region, is the remarkably low temperature of the water of the lake. An accurate and careful experimenter states that he found the temperature of the water of Lake Superior, during the summer, a fathom or two below the surface, but a few degrees above the freezing point.

This low temperature of the water has an important influence upon the atmosphere both in directing its current and modifying its humidity. A well known atmospheric phenomena of this region, is the land breeze, caused doubtless by difference of temperature in the atmosphere over the water and upon the surrounding highlands, by which an almost constantly recurring nightly current is produced of the more dense air of the mountains, towards that which is comparatively rare covering the lake.

With regard to the purity of the Lake Superior atmosphere, it may be stated in brief, that the sources from which the deleterious gases of regions less favored in this respect, originate, do not exist in this region.

Its geological formations being as they are for the most part primitive; and the comparatively low temperature of the atmosphere, are circumstances which preclude the possibility of a generation of gases from decomposing organic or other matter sufficient to change it in any perceptible degree from its normal constitution.

Its purity is also manifest in its invigorating effects upon man and other animals; as also in its remarkable transparency, manifested in the extent of the field of vision, and the softened translucence of a Lake Superior sky.

The above facts being such only, as a recently inhabited country affords, are necessarily few in number, and imperfectly classified, yet the writer believes they are sufficient to justify the following conclusions, in regard to the temperature, humidity and purity of the atmosphere of this country. First, as regards temperature, it is evident that the average amount of cold during the year, and the extremes of heat in summer, and of cold in winter, are less, than in any other region in this country, east of the Rocky Mountains; in the same latitude either east or west.

Secondly, the facts and circumstances which have been mentioned, as having the most influence in determining the amount of pressure exerted by the atmosphere at different times and places, are such as to indicate that barometric changes are never excessive.

Thirdly, it is evident that the vast bodies of water in this region, furnish such a widely extended evaporating surface, as to favor a suspension, in the atmosphere of an excess of watery vapor; yet the causes which have a tendency to produce condensation, are so varied and numerous as to effectually prevent frequent or long continued excessive humidity.

In conclusion, we will simply state, that it must be apparent to all, that no causes favorable to the production of impurities in the atmosphere of this region exist, therefore no argument is required upon this point.

The inevitable conclusions to be drawn from the facts and reasons thus briefly and hastily adduced, are that the region of Lake Superior is one highly favorable to the preservation of health and long continuance of life; being as it is, well adapted, both geographically and geologically to the preservation if not to generation of animals; and having as it has, a pure atmosphere, in which the thermometrical, barometrical, and hydrometrical changes are never excessive.

SELECTIONS.

Observations on Scarlatina. By HENRY TWEEDY, M. D., &c.

There is no lack at present of able and useful contributions to our medical and surgical literature, but all must admit that it is of the first importance that practical men (many of whom have neither time nor taste for writing learned and lengthened essays) should be encouraged in every possible way to write as briefly and as plainly as they please upon points of practice not generally adopted, and the correctness of which has been proved in perhaps hundreds of unpublished cases.

The following observations upon scarlatina shall be confined to three points of practice:—

1ST. EARLY PURGATIVES.
2D. COLD DRINKS.
3D. THE APPLICATION OF NITRATE OF SILVER.

I have had extensive opportunity of witnessing and treating eruptive diseases when on different occasions they severally assumed the form of an epidemic in Dublin. Of scarlatina, which is justly considered the most formidable, I do in truth declare that, to the best of my belief, not a single case, for the last ten years, proved fatal of those which I had seen within twenty-four hours of the commencement of the attack, and which had not previously been put under treatment. Humanly speaking, the cause of such success has been that I have long held in deep abhorrence an *early* apperient in *any* form of eruptive disease. I state it advisedly as my opinion, and one not hastily formed, that a smart purgative draught is in itself sufficient to convert a case of mild scarlatina into a malignant, and, in all probability, a fatal one. To my mind ' not difficult to assign a reason as to how and why this should).

ıe primary stage of every disease, whether medical or surgical, flammatory, and this supposes the diminution—in some inces, the almost entire suspension—of all the secretions. The ous membranes, which in health are always moist, become in early stage of fever, and more especially the eruptive fevers, y, rough, and parched. An irritating purgative which, in hundreds of cases, forms the groundwork of the treatment, increases considerably this state of things, and therefore should by all means be avoided; whereas medicines which tend to relieve the skin, subdue the fever, and restore the secretions, will, in almost every instance, cause the bowels to act freely and naturally —Should such fail to be the case, a mild aperient, about the conclusion of the third day, will seldom fail in accomplishing all the indications required.

I consider this point one of great practical importance, involving the lives of many of our fellow-creatures I have for years felt it my duty to warn parents, guardians, and proprietors of schools, &c., against the objectionable and most dangerous practice so often adopted, of giving aperient medicines during the prevalence of an epidemic. They have, to say the least of them, in numerous cases, done irreparable harm, lessening considerably, if not altogether destroying, all hopes of a good and complete recovery.

I cannot say that in one solitary case for the last ten years I ever ordered a particle of aperient medicine before the eruption was not only fully and fairly established, but further, beginning to decline; and I do positively assert that I never had cause to regret it. The bowels have, in many cases, been most satisfactorily relieved by medicines given with a totally different object, and in all the patients did well.

The medicine of all others on which I rely most, and the efficacy of which, in many diseases, is so far greater than is generally known, is ipecacuanha. For a strong robust child of 10 or 12 years of age, I should order the following mixture:—

℞ Aq. distil. ℥vii.
Pulv. ipecac. gr. vi.
Syrupi croci ℥j. M.

One tablespoonful to be taken every second hour. The dose of the medicine should be increased or diminished in proportion to the age of the patient and the effect produced.

COLD DRINKS.

In connection with eruptive and inflammatory fevers generally, it may be well to mention that the objection entertained by many to cold water as a drink, is, in my opinion, wholly untenable. I cannot possibly say in how many cases of scarlatina, measles, and other eruptive diseases, whether in adult or child, I have given the attendants full permission to give the patients cold water to any extent desired by them. Suffice it to say, that for the last ten years it has been, with perhaps one or two exceptions, my invariable rule. I am thankful to say, that not a solitary case has occurred which caused me to regret it On the contrary, it has always proved not only a safe, but, in my opinion, the most useful, and certainly the most agreeable drink I could possibly employ.

While strongly advocating the propriety of giving patients as much cold water as they could possibly desire during the inflammatory stage of fever, I am not to be supposed to say that I should *order* every (or any) patient to drink quantities of this fluid against his will: quite the contrary. There are to be found some, especially in the upper ranks of life (I do not think I ever saw one in the lower), who, whether in sickness or in health, have an intolerable aversion to cold water as a drink. I have before my mind the name of some such, who have repeatedly acknowledged to me that never in their lives did they drink one glass of plain cold water at a time. With such I did not press the remedy, and each did well taking large quantities of warm drinks to assuage their intolerable thirst.

As there are physicians favorable to early purgatives, so there are those hostile to cold drinks in the first stage of eruptive fevers. My observation of the effects of both remedies in a large number of cases has led to the following conclusions:—

1st. A case may occur in which a purgative might be called for as the foundation of treatment in early fever, but I must ever maintain that such case is the exception, and not the rule.

2d. Cases may and do occur, in which early purgatives in fever do no apparent mischief; on the contrary, the patients progress satisfactorily.

3d. Constant observation forces upon me the conviction, that most serious consequences are produced by purgatives in the early stage of eruptive disease, eventuating in the most startling results which, in my opinion, might have been avoided by other and milder treatment.

4th. The choice of warm whey, &c., or cold water, may safely be left with the patient. In nineteen cases out of twenty, the latter will be preferred. Gratifying the patient in the matter has never disappointed me.

Nitrate of Silver.

The third consideration with reference to scarlatina, which I desire briefly to advert to, is the application of Nitrate of Silver to the Fauces.

I believe no physician doubts the efficacy of this remedy, but certain I am that many practitioners might nearly, if not altogether, as well neglect this most useful and powerful agent, as use it as they do. There are many who never apply nitrate of silver to the throat in any other way than by means of a camel's hair pencil. Now nothing could shake me in my conviction, that hundreds of cases of scarlatina have proved fatal from this cause alone. I have seen ulcerated sore throats, as severe as perhaps any which the records of medicine can afford, and which had brought the patients suffering from them to the very confines of the grave. Had I nothing better at hand than a camel's-hair pencil for applying a caustic solution, to a moral certainly they would all have terminated fatally.

The right mode in my judgement, for employing this great (I might almost say only) remedy in this extreme case, in which life is all but extinct, is to get a long probe, round which should be rolled a piece of lint. This should be allowed to stand for about one minute in a twenty-grain solution of nitrate of silver. A spatula or spoon having been placed on the tongue to depress it, the probe should be passed low down into the throat, the interior of which should be cleverly rubbed all round. Those who have practised this in the way described have had their hearts gladdened by the wondrous change in a moment produced. A sponge attached to a rod of whalebone has been used and recommended by many. This, though infinitely preferrable to a camel's-hair pencil, is open to objection :—1st. The same sponge should not be used (though I have seen it done) for more than one patient, and we often meet with two, three, or even more at the same time, and in the same house. 2d. There is a difficulty in having the sponge kept clean. 3d. The sponge is ten times more disagreeable to the patient; and lastly, it does not answer the purpose so well

I know of no disease, the recoveries from which have astonished and rejoiced me so much as scarlatina. No case should be despaired of, or left without the most vigilant care, until life became wholly and unmistakably extinct. I feel perfectly satisfied that there are many practitioners who have reason (upon a review of past experience of this disease above all others) bitterly to regret the course they pursued.—Like croup, it runs through its stages quickly. To neglect the proper treatment, and that at the right moment, or to employ injurious means, is an error never to be remedied.

Some time since I was attending a fine boy, aged seven years, in Mountjoy-square. He labored under malignant scarlatina. The case was one demanding the utmost care and attention, it being as unpromising—I might perhaps say as hopeless—a case as any I had ever seen. Having had occasion to pass the house at a very late hour of the night, I paid my little patient an unexpected visit. The person who opened the hall-door announced to me her belief that the child was dead. On entering the room I beheld the mournful sight of a fond father with what he considered to be his dead son lying in his lap. The scene was one not soon to be forgotten. On a very close examination, I could clearly perceive that the child was still alive, but no more. One drop of fluid he could not swallow, and his respiration was almost imperceptible. I instantly applied the nitrate of silver in the manner I have described; not, I must say, with much, (if any) expectation of success. The effect was literally miraculous. An immense quantity of mucus and lymph adhered to the lint; he immediately breathed freely, before I left the house drank cold water, and in the providence of God made a quick and complete recovery.

This is a case of peculiar interest, pointing out distinctly two important points—viz., 1st. The extreme value of nitrate of silver when properly applied. 2d. The physician's duty in never turning his back upon his patients, and saying no more can be done, so long as the smallest appearance of life remains.

A short time since I attended a family in North Richmond street, who have suffered severely from scarlatina. The mother took the disease from her children, four or five of whom were ill together. With the exception of one, the cases, though far from being mild, were not alarmingly severe. In the eldest, a handsome girl, about 11 years of age, the disease assumed a malignant type. On the night of the fourth or fifth day, I was sent for in great haste, and was informed by the messenger that my patient was dying. On entering the room I had good reason for fearing that what I had heard was but too true. Her face was absolutely purple; her respiration so painfully difficult that she required to be propped up with pillows in her bed; an intelligible word she could not utter, and swallowing was quite out of the question. I lost not a moment in applying the caustic solution, as in the last case mentioned, and with similar and equally happy results. Her recovery was everything that could be desired, and she is now I am thankful to say, a healthy young lady, full of life and spirits.

I do not presume to say that the man who adopts the foregoing treatment must necessarily succeed in every or in any case; but this much I must say, that in my experience it has proved successful, and I confidently believe that none who adhere to it will have reason to regret it.—*Dublin Medical Press.*

Lecture on Materia Medica. Given at the Royal College of Physicians. By H. Bence Jones, M. D., F. R. S., Physician to St. George's Hospital.

ON DIGITALIS.

It is my intention to-day to take as my subject the effects of gitalis, partly on account of the interest which its medicinal tion possesses, partly because some accurate experiments have tely been made in Germany and in France on the use of this

medicine, which, so far as I know, have not been made known here.

This volume of the *Archives de Physiologie*, edited by M. Bouchardat, containing the memoir of MM. Homolle and Quevenne on Digitaline and Digitalis, might alone have furnished me with the materials for this lecture; I shall, however, bring before you not only the most important facts determined by these investigators; but I shall first relate to you some remarkable results obtained by Dr. Traube of Berlin, respecting the action of digitalis on some animals.

The experiments of Dr. Traube were chiefly made on dogs. The infusion of digitalis which he used was prepared by pouring four ounces of boiling water on two drachms of digitalis leaves; the infusion was carefully filtered, and was raised to the temperature of the body before it was injected into the veins by a syringe which held 130 grains of spring water. Thus each syringe-full of the infusion digitalis would contain the extract from about eight grains of digitalis leaves. The infusion was injected into the jugular vein towards the heart.

A strong dog had, first, a syringe-full of warm salt and water injected into the vein. The pulse was slightly accelerated; then a syringe-full of infusion of digitalis was injected, and in one minute the pulse fell 108 pulsations. In ten minutes, on the pulse rising, two thirds of a syringe-full more were injected, and the pulse fell 28 beats. This was again repeated; after the fifth syringe-full the pulse rose above what it was previous to the commencement of the experiment.

The details of the experiment may be thus given:—

	A. M.		
The injecting tube was fixed at	7.56.	Then pulse,	128
Warm salt and water injected	8.16.	"	128
1st syringe-full of digitalis	8.34.	"	132
" "	8.35.	"	24
2d syringe, two-thirds full	8.46.	"	84
" "	8.48.	"	56
3d syringe, one and half full	8.54.	"	84
" "	8 55.	"	36
4th syringe-full, - - -	8.57.	"	32
5th syringe-full, - - -	9.01.	"	
" "	9.04.	"	160
" "	9.07.	"	174

At 9.17 dog was bled to death.

In this experiment the effect of increasing the quantity of digitalis are very remarkable.

In another experiment, the same fact is thus made evident:

At first the pulse was 108. With two and one-third syringes-full the pulse fell to 33. With two-thirds of a syringe-full more, the pulse rose to 202.

In a third experiment, the pulse before injection was 132: after three syringes-full, it was 46; after four syringes-full were injected, it was 192; after five syringes-full, it rose to 204.

The fourth experiment gave the same result.

In the fifth, the pulse before injection was 128; after a syringe and a-half was injected, the pulse fell to 72; after nearly four syringes-full, the pulse rose to 100; after five syringes-full, the pulse reached 216. The dog lived eleven hours afterwards. Two other experiments all agreed in showing that the first action of small quantities of digitalis injected into the blood was to reduce the pulsation of the heart; but that, when the quantity of digitalis was increased, the pulsations of the heart became greatly accelerated.

Having determined this action of digitalis, Dr. Traube then endeavored to satisfy himself whether this effect on the pulse depended on the action of the digitalis on the heart directly, or on the heart through the pneumogastric nerves. One series of experiments was made, in which the pneumogastric nerves were divided after the digitalis was injected, and, in another series, the pneumogastrics were divided before the injection of the infusion.

The first of these series consisted of seven experiments. The following may be taken to illustrate the effects:—

When the pulse was reduced by the action of the injection of the infusion, first one, and then the other pneumogastric nerve was divided; and the results are thus stated:—

The pulse before the injection of the infusion was	72
" after " "	44 to 52
Immediately, on sect. of left vagus, pulse rose to	92
" " right " "	204

In another experiment:

Before the injection of the infusion, at	2.8 p. m.,	the pulse was	121
After ⅔ of syringe-full at	2.11	"	88
" "	2.14	"	50
" "	2.16	"	48
" "	2 17	"	48
The right vagus was cut at	2.19	"	
" "	2 21	"	66
he left vagus was cut at	2.27	"	204

The same result was obtained by dividing both pneumogastric rves at the same time. In all the seven experiments, after the lse was reduced by the action of digitalis, division of the vagi used rapid acceleration of the heart's action.

When the pneumogastric nerves were divided, previously to the injection of the infusion of digitalis, the reduction of the pulse was no longer observable.

The following experiments illustrate the results which were then obtained:—

	P. M.		
Both pneumogastrics were divided at	3.56	Pulse was	180
Half a syringe-full was injected	4. 8	"	168
Another half "	4.16	"	162
One-third syringe-full "	4.23	"	152
Half a syringe-full "	4.32	"	160
Half a syringe-full "	4.41	"	180
Half a syringe-full "	4.49	"	180

Twelve experiments gave the same results. Here is the last.
Before injection, after division of vagi. Pulse was 180.
Two syringes-full at 9.15 A. M.
" 9 17 " Pulse was 144
" 9.19 " " 126 sys. mur.
" 9.20 very loud systolic murmur.
Second sound wanting.
After four more syringes-full. Pulse 144.

It follows, from the first series of these experiments, that digitalis, in small quantity, reduces the action of the heart; in large quantity, greatly accelerates it.

It follows, from the second series of these experiments, that when the digitalis has reduced the pulse, division of the vagi will immediately insure acceleration.

It follows from the third series of these experiments, that when the vagi are divided, digitalis is not observed to produce slowness of the pulse.

In the interpretation of these results, two fundamental observations by other physiologists must be here mentioned.

E. Weber has shown that, when the vagi are undivided, a feeble electric current acting on the medulla oblongata or on the vagi, causes a diminution of the contractions of the heart.

Ludwig has proved that, in all mammalia, section of the vagi in the neck is immediately followed by increased frequency of the heart's action.

We must recognize in the heart two systems of nerves:—

1st. Musculo-motor, causing contraction.
2nd. Regulator system.

The ganglia of the heart are the centre of the 1st system, and the medulla oblongata is the centre of the 2nd system. The regulating nerves pass with the vagi. From the experiments of Weber ar t follows, 1st. That abnormal gentle stimulus of the r s diminishes the frequency of the heart's action, and 2ndly. That the frequency is greatly increased by the removal of the regulating action.

From this it may be concluded, that any substance which, when brought into circulation in small quantity, diminishes the frequency of contraction, but, in large quantity, increases the frequency, acts on the regulator-nerves. Hence digitalis, from Dr. Traube's experiments, 1st. Stimulates the regulator system of nerves; 2ndly. Paralyzes the regulators; and when it stops the action of the heart, then, 3rdly. It paralyzes the musculo-motor system.

In small doses, the digitalis acts as a stimulant; in large doses, it acts as a sedative paralysis and death. Though it is by no means safe to deduce the action of any medicine on man from the effect of the same medicine on animals, as indeed the action, or rather the absence of action, of this very substance (digitalis) on rabbits well proves. Yet the phenomena produced by large doses of digitalis on man so closely resemble those produced on dogs by injection, that it may safely be assumed, that in man digitalis acts on the nerves that regulate the heart's action, first as a stimulant, and in large doses as a sedative. I will pass on, therefore, now to the consideration of digitalis as a medicine. The uncertainty of the action of remedies is often rightly attributed to variations in their composition. In all vegetable medicines, used as they are grown, this is most likely to occur. And no certainty regarding the mode of action of any vegetable medicines can be obtained until the active substances are separated and made the subject of careful experiment. I might take opium and bark to illustrate my remarks. We do not, indeed, as yet perfectly understand the mode of action of morphine and quinine, but by separating these substances, it has become possible for us to determine how opium and bark act on the system; and in the use of these medicines we can get more constant effects by more constantly using exactly the same remedy So also, if we can get the active principle of digitalis, we shall not only advance on the way to the knowledge of the mode of action of digitalis, but we shall get rid of causes interfering in the action of this substance as a remedy; for example, the age of the plant, the year, the cultivation of the plant, the desiccation of the leaves, &c.

M. M. Homolle and Quevenne, to whom we are indebted for this important work on digitalis, state that they have separated fourteen different substances from the leaves of the plant; as the amount of each of these substances present in the plant is never constantly the same, it is evident that much more certainty will be obtained by insulating the one active substance, than by using fourteen substances in various quantities.

The different substances found by the French chemists may be thus enumerated: starch, sugar, pectin, albuminous matter, orange-red crystallizable coloring matter, chlorophyle, volatile oil, tannic acid, digitalic acid, anterrbinic acid, digtalic, and three neutral principles, digitalose, digitalide and digitaline.

This last substance is the most active ingredient of the digitalis. It is prepared pure by extracting the neutral principles with ether and alcohol, of specific gravity 780. This dissolves the digitaline and the digitalose, the etherial solution is then evaporated, the residue treated with alcohol, again evaporated, and treated with weak alcohol, the digitaline remains dissolved. On gentle evaporation, it does not crystallize, but forms a resinous-looking mass of a pale yellow color, unchangable in the air, and very bitter, slightly soluble in water, very soluble in alcohol; It is a neutral substance. It becomes emerald-green with strong hydrochloric acid. The best test of its quality is its bitterness. This is best determined by taking one centigramme of the powder of digitaline, and dissolving it in two grammes of alcohol, and continuing to dilute this solution with water until the bitterness is found to disappear. From the quantity of water required, the goodness of the digitaline may be estimated; if the digitaline be good, more than three pints of water will be required to be added before the bitterness becomes imperceptible.

The best form for keeping and giving the digitaline as medicine is in granules and not tincture. Thus it keeps best, and is more certain, in composition. It is thus most easily given, as its bitter taste is concealed. Each granule is made to contain one millegramme. This is equal to .015 grain of digitaline. Here are the granules as prepared by M. Homolle, and here are some prepared by Mr. Morson, each granule containing the hundredth part of a grain of digitaline. I have used both these preparations in all kinds of diseases in St. George's Hospital, and I can find no difference in their action.

MM. Homolle and Quevenne state that one of them took four of these granules daily for eight days. The average healthy pulse of the person experimented on was 67.5; after taking the granules the pulse fell to 50. The difference is 17.5 beats, which are equal to one quarter the beats of the heart. Two dogs were given from 2 to 11 granules daily. In the first dog the pulse fell from 60 to 51. In the second, from 87 to 70.

The comparison between the digitaline and digitalis is so remarkable that I have copied it in this table.

Digitaline.	Digitalis.
1st. Type unalterable; to this all digitaline may be reduced.	1st. No standard of comparison.
2nd. Constant action.	2nd. Uncertain action; depends on the quality of the plant.

3rd. Possibility of determining comparative excellence by the bitterness.	3rd. No mode of determining the quality of different specimens.
4th. Agreeable form.	4th. Disagreeable smell and odor.

M. Bouillaud states that during four or five years, not a day has passed without his employing digitaline on many patients with diseases of the heart or vessels. He has given it to from 150 to 200 patients of all ages. In all excepting three the pulse was reduced. Two of these had endocarditis and pericarditis. If the pulse was irregular previous to the taking of the digitaline, it become regular as the medicine took effect. In fifteen cases taken at hazard, in La Charite, the maximum pulse before the action of the digitaline was 96, after the medicine 41 pulsations less. In three cases the pulse was reduced 80, 102, and 106 beats. The minimum reduction in three other cases was 12, 14, 16. The number of the granules taken daily was from 2 to 7; the number of days on which the granules were taken usually 13 to 14. One patient took 70 granules in 18 days. Another 82 in 14 days. A third 98 granules in 20 days. A fourth 164 granules in 40 days without harm. As soon as pain in the head, vertigo, or nausea came on, the medicine was stopped.

M. Andral, also, in the *Union Medicela*, No. 52, 1851, gives his experience of the action of the granules on 19 patients, with either heart disease, albumenuria, phthisis, pleurisy or acute rheumatism. Two granules sometimes caused sickness. Usally three or four granules were taken. One patient took twelve daily. The greatest number of granules taken by different patients were 23, 33, 44, 50. 80. The action on the pulse was perceptible in the decrease of the number of beats from day to day. The following table of the reduction of the pulse in different cases is given:—

Nature of Disease.	Minimum of pulse before treatm't.	Maximum of pulse during treatm't.	Difference.
Disease of heart	108	68	40
"	92	72	20
"	80	68	12
"	69	51	25
"	104	100	4
"	64	60	4
"	44	44	0
"	76	58	18
Phthisis	84	76	8
"	68	64	4
Pleurisy	108	100	8
"	108	116	8

Hydatid of Pleura - -	100	96	4
Rheumatism of one joint	96	80	16
" in several joints -	96	80	16
Anæmia - - - - -	80	76	4

The granules increase the freqency of making water from 4 to 5 times daily to 12 or 14 times. They do not always increase the quantity of urine, but sometimes they increase the quantity to two, three, or even four times the amount previously passed.

The granules act on the nervous system in different patients very differently. Sometimes, in some persons causing sleepiness and heaviness; in others, pain in the head, uneasiness, and loss of sleep.

The following account of the poisoning from taking an excess of these granules is given by Dr. Leroux in the *Union Medicale*, No. 99, p. 398.

A strong man, æt. 72, suffered from old pleurisy of the left side with œdema of the feet; his pulse was from 70 to 68. At 6 a. m., on the 25th of May he took many granules of digitaline; at 10 a. m. he took as many more as made up 30; at midday poisoning symptoms began; at 5 p. m. a physician was called, then there was pain in the head, imperfect sight, extreme præordial pain with extreme restlessness. At 9 p. m. the tongue was red and dry, there was dislike of any kind of drink, sickness, pulse 45 to 50; excessive acute pain in the head; giddiness when the patient sat up so that he had to lie down immediately. There was general weakness with drowsiness and scanty urine. The following day the pulse was 54, the general symptoms were less severe. It was the 1st of June bfoere he entirely recovered.

From these experiments and observations on the action of the granules of digitaline, it is evident that the active principle of the digitalis may be insulated and employed as a remedy, and as morphine and quinine are of more definite composition and therefore of more certain action than opium and bark, so in nearly the same degree is digitaline more definite and certain in its action than the digitalis from which it may be extracted.

I may conclude this subject by bringing to your notice some very interesting observations of Dr. Traube, of Berlin, on the reduction of the temperature of the body by the action of digitalis; the determination of the animal heat was always made in the axilla, and in twelve cases of acute rheumatism, the rate of the pulse and the temperature of the body were taken with extreme accuracy, morning and evening; half a drachm of the leaves of digitalis were infused in four ounces of water, and every two hours half an ounce of the infusion was given. The result was, that generally the temperature fell at the same time, or shortly after the digitalis produced this effect on the heart. Hence, without doubt, the reduction of the temperature was a consequence of the slower current of the blood which was produced by the action of the digitalis on the regulatory system of nerves of the heart.

Careful observation showed that digitalis caused a reduction of the temperature in the most different kinds of febrile complaints. Even in puerperal fever the temperature falls when the digitalis is in action.

Dr. Traube draws the following comparison between blood-letting and digitalis as antiphlogistics. Bleeding, while it lessens the force of the pulse, reduces the specific gravity of the blood and in low inflammations increases the tendency to serous effusion. Hence, in all low inflammations, digitalis is to be preferred as an antiphlogistic to bleeding. Moreover, the effect of venesection is much more rapid, and much more transitory; in its antiphlogistic action digitalis bears a close resemblance to antimony; but it is far less likely to effect the bowels, and hence, in all inflammatory diseases complicated with any affection of the bowels, digitalis is to be preferred to antimony. The employment of the digitalis is, however, accompanied by its own inconveniences and even dangers. It may produce sudden prostration of nervous and muscular action, and even syncope and death; that is, the stimulating action on the regulatory system of nerves may suddenly give place to the paralyzing action. Hence arises the necessity for watching those who are taking this medicine; they should be seen at least twice daily, and if there be sickness, or irregularity in the rhythm of the heart, or great reduction in the rate of the pulse, the medicine must be omitted.—*Virgina Med. Jour.*

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MISCELLANEOUS SELECTIONS.

Local Lesions of Fever.—The most learned and celebrated physicians of France and Germany have found the principal local lesions of fever, to occur in the digestive organs. Latterly they have been almost confined to the mucous follicles of the small intestines—Pyer's glands—and names have been invented to indicate this as the peculiar anatomical characteristics of continental yphoid fever. Dr Stokes, however, says, he does not find this emarkable preponderance of lesions in the digestive organs, in reland, although an epidemic has prevailed there, "in which the ondition of the intestines accurately represented that which is ound to prevail on the continent." The local and secondary lesions f fever, are subject to still greater variations, perhaps in this country. The French and German peculiarity has not been ascertained to be extensively prevalent, the mucous lining of the colon and rectum being more commonly affected than that of the jejunum and ilium, giving rise to dysenteric complications; while the liver, stomach, and brain, are, perhaps, still more liable to become diseased. Of all the viscera, the only organs excused from implication are the lungs. A large and respectable class of physicians contend, that whenever pneumonic symptoms occur, the affection must always be considered as primary; and that pneumonia is not a secondary lesion of fever. Dr. Stokes is of a different opinion in reference to Irish typhus, in which pulmonary complications are common.

Quinia as a Prophylactic.—Besides the protection afforded American and English sailors, on the coast of Africa, from the fatal fevers of that region, it has been nearly proved, that quinia is the agent which will enable the civilized world to explore the hidden depths of the African continent, which have hitherto been considered almost inapproachable to the white man. Of thirty-eight men sent on the exploring expedition in 1805, under Mungo Park, only seven reached the Niger river, and finally all perished. Out of a still larger party under Captain Tuckey, in 1816, only one man returned alive. The brothers Lander, in 1832, lost forty Europeans out of forty-nine. And the better-appointed party under Capt. Buxton, in 1842 returned with forty-two men living out of one hundred and forty-two. But in 1852 the English government sent out a steamer to explore Tschadda, with sixty-six men, which ascended that river two hundred and fifty miles higher than it had been before explored, and returned without the loss of a single man. Something is due, perhaps, to the influence of the ordinary sanitary measures adopted, but we cannot suppose these to have been greatly superior to the pains-taking efforts of previous expeditions, and must attribute the unprecedented result to the influence of quinia, which we are told was used freely, both as a prophylactic and remedy.

Eczema.—Professor Benett, of Edinburg, recommends for the local treatment of this disease, keeping the affected part moist with lint or linen, saturated with a very weak alkaloid solution, consisting of half a dram of sub-carbonate of soda to a pint of water. This should be well covered over with oil-silk, or gutta-percha sheeting, to prevent evaporation. It soon relieves the irritation which is distressing to the patient, and prevents the formation of scabs. After a while the indurated parts become softened, the margins of the eruptions lose the fiery red color, and merge into that of the healthy skin. Finally, the whole surface assumes its normal character. He attaches great importance to the close adaptation of the dressings of the diseased surface and the constant moisture. He condemns the use of citrine ointment, and all other oily applications. Pemphigus, impetigo, ecthyma, and some other cutaneous eruptions, other than the exanthematæ, are treated in a similar manner, with alkaline solutions. No doubt much of the curative effect is due to the constant exclusions of the air from the diseased surface, to which Professor Bennett does not allude.

Nitrate of Silver and Potassa.—These two salts, by being melted together and cooled in moulds, form caustic pencils of any strength, dependent upon the proportion of potassa, and are generally made with a preponderance of two or three parts of the latter salt. They are used in cauterizing the eye-lids and eyes. If the part be washed immediately after application, with a solution of common salt, the nitrates are converted into chlorides, and may be washed away with water. This caustic is used, also, in gonorrhea, and other urethral and vaginal discharges, and in indolent and irritable ulcers. It is, of course, less expensive than common lunar caustic.

Yellow Fever.—Dr. Fenner, in the New Orleans *Medical News and Hospital Gazette*, contends, that the disease of the present season in that city is unquestionably of domestic origin: not a single case having been traced, by the remotest probability, to foreign infection. The hospital cases are brought in from different and remote parts of the city, showing no sort of communication whatever. All this can be well substantiated, and yet it is no more than has been proved a thousand times before, and it must not, therefore, be expected, that it will exert any special influence over the long disputed question of contagion and importation. The further remarks of Dr. F., which we quote below in his own words, are not less true and well established than his views above stated, and have indeed quite as important a bearing upon the mooted questions. In every city which has ever been visited by the disease, it has appeared and disappeared in precisely the way described, merging so gradually into other fevers both in its approach and decline, as to baffle the diagnostic skill of the most able and experienced physicians, no two of whom are likely to agree upon the line of demarkation between yellow, and common bilious fever; and thus proving, as far as human judgement can prove anything, that these diseases are essentially the same, differing only in degree of violence. and in the seat of the principal and most fatal local lesions. Dr. Fenner says:

"I maintain that this disease never *bursts out suddenly* here. presenting characteristic features different fron those of all other fevers, and therefore easily distinguishable by the experimental physician; but, on the contrary, that the endemic fevers (bilious remittent and intermittent) gradually run into the yellow-fever type, assuming its features in such a manner as to excite *suspicion*, but yet not to justify a positive diagnosis, until one or more cases have been observed to terminate in black vomit or some other hemorrhage. Hence arise the discrepancies of opinion so often displayed by physicians as to the true character of certain cases that are seen at the beginning of an outbreak of yellow fever. At this period may be seen numerous cases of bilious remittent fever, presenting more or less the aspect of yellow fever, but not in so strong a light as to remove all doubt from the diagnosis.

"As the season advances, if it is going to be a *sickly one*, the yellow-fever type will become better marked and the number of cases will increase until it predominates over all others; then, if the disease prevails to a great extent, it is called an *epidemic*. This rages for a period usually, here, of sixty or seventy days, when it declines gradually and is again merged into the ordinary types of endemic fever.

"But if the season turns out to be *not very sickly*, the yellow type will not give the ascendancy over the others, but only appear *sporadically* and to a moderate extent. On these occasions we have plenty of intermittent and remittent fever, and some called *dengue*, which approach nearest the yellow-fever type, but few cases are marked yellow fever unless they present unquestionable signs."

Preserving Ergot.—With many others of the profession, we have had difficulty in preserving the medicinal power of ergot for any length of time; and perhaps it may be for the want of such preservation, that we find so much discrepancy in the statements made of its effects. When the patient is properly prepared for its action, by those relaxations favorable to uterine contractions and delivery, we have never found the pure article fail in its parturient power. These favorable conditions may often be secured by the anæsthetic influence of chloroform or ether. We have generally taken no other precaution in the preservation of ergot, than to drop a few lumps of camphor into the bottle in which it is kept unpulverized; but Dr. Nunn, of Georgia, reports, in the American Journal of Pharmacy, a more certain and elegant method, by which the remedy can be preserved for several years. He reduces the ergot to a coarse powder by a common coffee-mill, and then carefully dries it. Then he prepares a solution of camphor in ether, eight grains to the ounce, a dram of which solution is placed in an ounce vial, which is immediately filled with the powdered ergot firmly packed, and tightly corked and sealed. The ergot is moistened throughout by the ether, which is evidence of the exclusion of air. The ether and camphor are dispelled by the heat of the water used in making an infuson for use. He has used ergot which had been preserved in this way for eight years without perceptible deterioration, and suggests, that other substances might be preserved upon the same principle, sustituting anhydrous alcohol for the ether when the latter is inadmissable. We venture to make the additional suggestion, that chloroform may, in many cases, be preferable to ether.

New Source of Alcohol.—" It is abstract, and not practical science, that is the life and soul of industry." This maxim of the celebrated Playfair has received an illustration by the formation of alcohol from coal gas. This consists, mainly, of bicarburetted hydrogen, forming what is called olefiant gas, which constitutes its principal illuminating power. The same is the basis of alcohol, which suggested to Bertholot the idea of converting it into this substance by uniting it with water. Accordingly it has been found, that by agitating it with sulphuric acid and metallic mercury the gas is absorbed, and upon adding water, and distilling the mixture, alcohol is obtained—the true ethylic alcohol, or spirit of wine. Thus is abstract science constantly leading to great results, whether it be in the discovery of a planet at the very place indicated by the astronomer, or in the synthetical production of alcohol in the precise manner pointed out by the chemist. And these are the triumphs of science founded on education, even in its present limited sphere.

Causes of Headache.—A German author divides the exciting causes of headache into three different kinds: Those directly affecting the brain itself, those proceeding from the digestive organs, and those derived from derangement of the sexual system. He has found a difficulty, as has every one else, in determining whether headache is dependent upon relation or emptiness of the intra-cranial vessels; and resorts to dry-cupping as a means of diagnosis. When applied to the nape of the neck, it will, in the one case, afford more or less immediate relief; in the other, it will increase the pain, and produce prostration and syncope. The inference is, that in the former instance the headache will be benefitted by diminishing the contents of the vessels; in the latter by increasing their amount. These remarks are no doubt just, but it must be borne in mind that depletion in anemia, and in cases of nervous debility and exhaustion, attended by pain and giddiness, sometimes gives temporary relief, although it must do ultimate injury. Therefore time must be allowed to determine the point. Quite as effectual means of diagnosis in these cases are found in stimulation, the beneficial and injurious effects of which are more prompt and decided. If a headache be relieved by brandy, by eating, or other means of excitation, an immediate inference may be drawn from it; and if it be increased by such experiments, the diagnosis is equally easy and certain.—*Memphis Med. Recorder.*

BOOK NOTICES.

American Journal of Pharmacy. Published by Authority of the Philadelphia College of Pharamacy. Edited by WM. PROCTOR, Jr., &c., &c. ; Bi-monthly, at $3,00 per annum in advance.

THE September number of this valuable periodical is well filled with interesting matter. It deserves the patronage both of physicians and druggists.

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The Half-Yearly Abstract of the Medical Sciences: being a practical and Analytical Digest of the contents of the principal British, American, and Continental Medical works, published during the preceding six-months ; together with a series of critical reports on the progress of Medicine and the Collateral Sciences during the same period. Edited by W. H. RANKING, M. D, & C. B. RADCLIFFE, M. D., of London : Published by LIDNSAY,* & BLAKISTON, Philadelphia.

THOSE who wish for a selection of matter from the principal medical periodicals of Europe and America, once in six months, can find it in the above named work. Each number contains about 300 pages, and it is published at $2,00 per annum.

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Transactions of the Medical Associationof Southern Central New York; at the Ninth Annual meeting, held in Elmira, June 5th, 1855.

THIS is a neatly printed pamphlet of 124 pages, containing the proceedings of the above named Society, interesting reports from several committees, and the annual address of the President, Dr. S. H. French, of Lisle, Broome county, N. Y.

The several papers show a very laudable degree of industry on the part of the members of the Society. We wish, however, that we could see in the Transactions of this and other similar societies more of the results of a well devised system of original experimental researches.

Our medical societies are occupied too much with the mere gathering up of simple isolated cases or disjointed facts. We think more attention should be given to the selection, and investigation of specific questions of interest,—questions, which should lead to investigations calculated to throw additional light on points hitherto obscure and undetermined. It is of but little moment to multiply the records of individual cases of diseases, for instance, unless they present some features calculated to illustrate an unsettled question either in pathology or practice.

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Braithwaite's Retrospect of Practical Medicine and Surgery; being a half-yearly journal, containing a retrospective view of every discovery and practical improvement in the Medical Sciences. Edited by W. BRAITHWAITE, Lecturer on Obstetric Medicine, &c.: Part. 31, July, 1855. American edition, Published by STRINGER & TOWNSEND, 222 Broadway, N. Y., at $2,00 per annum or $1,00 per each number.

THIS, like Ranking's Abstract, furnishes the reader in a cheap form, a very useful summary of the more important matters published in the medical periodical literature of Europe. Each number contains little more than 300 closely printed pages.

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Discovery of the Cause, Nature, Cure, and Prevention of Epidemic Cholera. By L. M. KNAPP, M. D., late Professor, &c. Published by H. W. DERBY: Cincinnati, 1855.

THIS is the imposing title to a pamphlet or monograph of 48 pages; notices of which we had seen in several of the newspapers and periodicals of the day. These notices with the letters of different persons on the cover, induced us to read the essay at once. All there is essential in its doctrines may be stated in very few words.

The author's discovery consists in the naked declaration that cholera is only a modification of *scurvy*, and arises from a deficient supply and use of *succulent* vegetables. This is the sum total of his discovery of the *nature* and *cause* of the disease. The prevention and cure is of course obvious, viz.: to make free use of such succulent vegetables as are known to prevent and cure *scurvy*.

It is sufficient to say that the positions of the author are not sustained by any collection of carefully observed facts, statistical or otherwise; but on the contrary are made to rest on a series of the most inaccurate, and we might say reckless, general statements that we have ever seen in print. As a specimen of the mode of writing we give the following, viz.: "The reasons drawn from observation, for believing cholera to be of *scorbutic* character, are as follows, to wit: 1st. The coincidences of cold winters and retarded springs preceding the outbreaks. It is a matter of history that the winter of 1831-2 was one of the coldest ever known."

"Again, the winter of 1848-49 was a remarkably cold winter all over the United States, the spring of '49 greatly retarded, and all degrees of the scorbutic diathesis were observed at the bedside by the writer of this, who had for years been an observer of its stealthful, annual appearance. The universal spread of Cholera in the cities of the United States, in the summer of 1849, is well remembered, and its continuance until the coming in and use of the new crops of vegetables and fruits. Their free use, however, during the prevalence of Cholera, has never been known or tolerated. They have rotted in the field rather. It has been held fool-hardy or tempting Providence to eat them.

Casting a glance across the Atlantic, the years 1846-47 were years of dearth, scarcity and blight in Europe, particularly of the potatoe, the most valuable anti-scorbutic vegetable known; and the scurvy and Cholera together followed, scourging the nations generally. Writers in describing the spread of Cholera in Europe in 1847, say, substantially, that it started from India, again, early in that year, passed through the cities of Persia, and thence along the shores of the Caspian, reached Astracan in July, and appeared at Moscow, faint and weary, in the fall, where it took a refreshing sleep through the winter, but woke up in June, 1848, much refreshed and invigorated, and pursued its travels *via* St. Petersburg, Berlin, Hamburg, etc., to Edinburg and London, where it arrived in November *en route* for Paris. It is worthy of remark, that it struck England again, in her weakest and most scorbutic point, her Newcastle coal mines, and foul holds of her coal vessels; and that, prior to its reaching France, the *cause* of it set sail from Havre for America, in two emigrant ships that sailed in October and November. In the October ship it broke out when sixteen days at sea; and the emigrants were landed at Quarantine, in New York, in November, and the disease spread through the Quarantine Hospital, where the sickly, scorbutic inmates were kept on a routine dietary, and whose cup of affliction was made to run over through panic and an increased accumulation of foul air: and a few cases occurred among the emigrants that went to the 'Five Points,' in the city of New York, where, however, it could make no progress, because of the abundance of fall fruits and vegetables; so it again slept through the winter, the intensely cold winter that followed. In the other ship it broke out when twenty-six days at sea, the *cause* in the emigrants having been more subdued before embarkation, by autumnal fruits and vegetables, than in those of the other ship, which sailed a month earlier; and the passengers were landed at New Orleans in December, where the disease spread among emigrants and the poor, the weather, for the season of the year, being hot, and a further reason, potatoes in the south scarce; and it continually appeared on the Mississippi in steamboats, among the emigrant passengers, all winter, and in the emigrant towns as high up as St. Louis and Cincinnati, and established itself gradually in the ports further and further north, as potatoes and succulent vegetable stores failed, and warm, debilitating spring weather came on.

Applying the same theory, the want of succulent vegetable food, to the rather general prevalence of Cholera in the cities of the United States this season, 1854, a rather intense causation is found, of general application, in the extravagantly high prices of provisions during the present year, high prices not only betokening scarcity, but being the same in effect to the poor. I notice the fact in the public prints, that scurvy and Cholera were both found raging simultaneously in the Poor-house at Buffalo this summer.

Thus the coincidences of cold winters and retarded springs, preceding the outbreaks of Cholera in the United States, its vernal appearance, solstitial ragings, autumnal recessions and wintry slumbers, together with its uniform and close communion with scurvy, prove that it is produced and governed by the laws that produce and govern scurvy."

In reference to the correctness of the statement in regard to the *coldness* of the winter of 1831-2, and the alledged scarcity of vegetable food during the succeeding spring, we have not taken the trouble to inquire; but in the remainder of the quotation there are not less than three direct misstatements of facts, besides a self contradiction. In the first place the winter of 1848-49 instead of being "remarkable cold," was actually milder and shorter than the average of winters in the Atlantic States We were then residing in New York city, and remember very well that we had no cold weather until the first of January. But during all the months of November and December, while the Cholera was prevailing in the Quarantine of New York and in the city of New Orleans, the weather was unusually warm and wet. Again, during these months there were *no* cases of Cholera "among the emigrants that went to the '*Five Points*' in the city of New York; nor indeed is there any evidence that a single emigrant went to that section of the city. The first cases that were known to exist on the "Five Points," did not occur until the following May, 1849, when no profusion of succulent vegetables arrested its prevalence until the next autumn.

Again, the winter that preceded the summer of 1854, was as mild and pleasant as any that we have experienced during a residence of six years in Chicago. Neither was the spring of 1854 retarded or backward, for we had a week of quite warm and summer-like weather before the end of April; and there was certainly no lack of vegetables in Chicago during either of the years 1853 or 54. Yet in the latter summer we had one of the severest scourges of cholera that our goodly city was ever afflicted with. The following winter, however, (that of 1854-55) was extraordinarily cold and protracted; the quantity of snow beyond all former precedent; and the prices of both fuel and provisions in this city, fully double that of ordinary seasons. The spring, too, was remarkably cold and backward. And yet during all the summer following the cholera has scarcely been heard of among us. But we are wasting time on this pamphlet. It is the best specimen of that class of productions, where the writer *assumes* a theory and then states his pretended facts in such a way as to correspond without any regard to accuracy, that we have met with.

EDITORIAL.

Camman's Stethescope.—The inquiries of a correspondent remind us of a duty which should have been performed several months since. About one year since a neatly constructed Stethescope, invented by Dr. Camman of New York, and made by Tieman & Co. of the same city, was presented to the profession as an instrument much superior to those previously in use. We immediately procured one and have used it daily up to the present time.

It consists of two metallic and flexible tubes terminating in a funnel shaped ivory tube of large size, which is the part to be applied to the chest. The ends of the metallic tubes are terminated with ivory knobs of such size as to fit the opening of the external ear. The advantages which it possesses over most other Stethescopes, are, first the more full and perfect transmission of sound; and second the greater ease of adjustment. It being connected with both ears at the same time, more fully and plainly transmits the sounds to which you are listening, than any of those instruments which connect only with one ear of the operator.

The ease of adjustment arises from the fact, that the end to be applied to the chest is directly before the face of the operator and can be guided continually by the eye as well as the hand. Without entering further into details, we would say to our readers that the instrument is a very valuable one; and after using it long enough to become perfectly familiar with its qualities, we would not willingly part with it. It transmits the sounds, however, so differently from the old instrument, that it requires some practice to appreciate them correctly. This practice should be had first on the healthy chest. The instrument can be obtained of J. H. Reed & Co., Druggists of this city. Price $7,00.

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Tilden & Co.'s' Extracts.—With the present number of the *Journal* will be found the circular of Tilden & Co. So far as we have had an opportunity to test the quality of their Extracts, we should think them as good and pure as any in the market; and consequently as worthy of the patronage of the profession.

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Rush Medical College.—The prospects of this Institution were never so flattering as at present. The new college building is just completed, and affords all the accommodations desired. The room for practical anatomy or dissections, is particularly capacious and pleasant. The time for opening this department and for commencing Clinical Instruction in the Hospital is fixed for the 1st Tuesday in October. There are already several students from a distance in attendance, visiting the wards of the Hospital daily and, waiting for the day appointed to commence the study of practical anatomy. In addition to the dissections and clinical instruction, two lectures a day on topics not fully embraced in the regular college term, will be given by the Faculty during the month of October; thus making the period of instruction in the college full five months to all who choose to attend.

We expect a full class, and trust that it will be both a pleasant and profitable winter to them.

" *Why is Norfolk Sickly?*"—All our readers have doubtless heard of the unprecedented ravages of the Yellow Fever during the latter part of the summer in Norfolk and Portsmouth, Va. They will be glad to know that the disease has now nearly ceased its ravages for this season. The following answer to the question which constitutes our caption, we copy from the Boston *Medical and Surgical Journal:*

"Under the above head, we notice, in a number of the N. Y. *Daily Tribune*, an article descriptive of the locality of this ill-fated city, which justifies the words with which this article commences,—"A more reasonable question to ask would be, why is it ever healthy?" The following extract gives an idea of the situation of Norfolk and Portsmouth.

"The two towns are situated on an arm of the sea projecting far inland from Chesapeake Bay. * * * * All the adjacent lands have so recently emerged from the sea, that the mud and malaria-generating matter have not yet undergone the change necessary to make it healthy for the abode of men. * * * * The Dismal Swamp, one of the largest, deepest and most impenetrable in the United States, almost touches the suburbs of Portsmouth, lying on the south side of one of the little arms of the bay; while Norfolk is situated opposite, on the north, surrounded on three sides with stagnant water; immediately in contact with the houses, and all around, for twenty miles or more, the land is almost flat and but slightly elevated above the sea level."

This description is confirmed by a resident for the past two years in Norfolk, who informs us that the city is destitute of sewerage, and that its streets are extremely filthy, being often strewed with refuse vegetables and other garbage, which result from the immense quantity of provisions brought into the city, for export. These matters become rotten, and emit a most noisome stench. The turkey-buzzard, the natural scavenger of the South, is not found in Norfolk, but his place is supplied by cows, who wander at will through the town, and gather an unhealthy subsistence from the cabbage stalks and other substances which lie in heaps on the ground. The condition of Portsmouth is much worse than that of Norfolk. It is connected with Gosport by a causeway, nearly a mile in length, if we are not mistaken, across a swamp or flats, from which arises a powerful stench.

These facts are sufficient to account for the extraordinary spread of the yellow fever, after its first introduction, and we trust they will be so far appreciated by the local authorities as to lead to the institution of sanitary improvements as soon as the subsidence of the epidemic shall allow the necessary measures to be taken. It may not be possible to prevent the disease from re-appearing, but cleanliness and drainage will go far towards restraining the scourge within comparatively moderate limits In the meantime, let us hope that the lesson may not be lost upon other places in a similiar hygienic condition,—that the apathy which exists so extensively on this important subject may be exchanged for an enlightened wisdom in sanitary reform,—that the maxim, "cleanliness is next to godliness," may become a proverb throughout our land.

* * *

Medical Education.—We are glad to see in our exchanges an increasing disposition to discuss this important topic. That the system of Medical Education commonly adopted in this country is very incomplete; or more properly defective in many important particulars, is evident to all who have devoted proper attention to the subject. Those who anticipated a rapid removal of all these defects, through the instrumentality of the American Medical Association, have been disappointed, and a few of them ready to characterize the Association itself a failure on this account. The latter, however, but poorly appreciated, either the obstacles to be overcome or the time required for their removal. To point out effects is generally an easy task.

To devise and execute appropriate remedies, especially when the interests of many are concerned, is a task far more difficult and perplexing. It is a common remark that all real reforms or advances which affect important interests move slowly; and the history of Medical Education in this country certainly does not militate against the truth of the maxim. Yet there is progress. And the influence of the National organization is being felt throughout the whole country. The absence of the chairmen of the committees on Medical Education from the two last meetings of the Association, and the consequent absence of any report on the subject, caused those meetings to pass by with less discussion than on former occasions.

But members did not, on that account feel less interest in the general subject. The most important action taken at the last meeting, in reference to it, was the appointment of a special committee to report at the next meeting, on the following resolutions offered by Dr. A. Stille, of Philadelphia, viz.:

"*Resolved*, That a special committee of five be appointed to report at the next meeting of the Association on the following question: Might not the present system of repeating the same Lectures to the same classes, during two successive terms, be usefully modified by extending the Lectures of each chair over two sessions, so as to embrace a systematic and complete discussion of each of the following subjects:

1st. Special Regional, and General Anatomy, including illustrative references to Morbid Anatomy.

2d. Inorganic, Organic, Pharmaceutical Chemistry, and Toxicology.

3d. General and Human Physiology, Hygiene, Medical Jurisprudence.

4th. Medical Botany, Materia Medica, General Therapeutics.

5th. General Pathology, Morbid Anatomy, (systematic) Practice of Medicine.

6th. General Surgical Pathology or Institutes of Surgery, Mechanical, Operative, and Medical Surgery.

7th Obstetrics, Diseases of Women, and Diseases of Children.

8th. Hospital Clinical Medicine and Surgery.

Resolved, That the committee, at *an early day*, address the several Medical Colleges, in regard to the proposed plan of instruction, requesting from them an official expression of opinion upon its merits and feasibility."

The following gentlemen constitute the committee as appointed by the President of the Association, viz. : Drs. A. Stilli, Samuel Jackson, and John Bell, of Philadelphia, John Watson, of New York, and J. L. Cabell, of Va.

These are names well known to the profession, and we shall expect a most able and interesting report on the subject at the next meeting.

The leading idea embraced in the proposition, is, that the Lecture term in our colleges is too short to permit the several professors to present a full and complete course of Lectures on all the topics that should be embraced in their several departments. But instead of lengthening each term, it is proposed to make each course of Lectures extend over two consecutive college sessions. The idea here advanced is undoubtedly correct. A college term of four or five months is certainly too short to present a full course of instruction on all the important branches of medical science. But the remedy proposed is liable to very serious if not fatal objections. In the first place, the extension of each course of Lectures over two successive annual college terms, would render it necessary that the same class of students should always attend the same college two successive years, and that new students could only be consistently admitted at the commencement of each alternate year or college term. This, to say the least, would be a very great inconvenience. But another and even stronger objection is, that the proposed remedy or change, does not in the least obviate one of the most serious evils connected with our present system of medical instruction, namely, the crowding upon the mind of the student a large number of lectures each day, and simultaneously on topics the most elementary and the most complex and practical. Students who have studied medicine only a few weeks and those who have studied two and three years are requir listen to the same lectures; and the professors of practical med ne and surgery, are aften lecturing on the details of practice eir respective departments before those of Physiology, Anatomy nd Materia Medica have passed over the first elementary princip of our science. Dr. Stilli's proposition which seems to contemplate the giving of the same number of lectures by the same number of professors each term, only extending the course of each so as to reach through two terms, does not remedy in any degree this greatest of all the defects in our present system of medical college instruction. Simply lengthening the college term, or lengthening each course of lectures so as to embrace two terms, will not meet the wants of the profession or remedy the defects of the present system. But if we double the length of the present annual college session, and then divide it into *two terms ;* so that the elementary branches can be taught or lectured on during one of the terms, and the practical branches during the other; then students in the early part of their studies could attend the term during which lectures were given on branches appropriate to the period of their study only the first year, and the term suited to their further progress the next year. By such an extension and division of the annual college session, the number of chairs could be increased, the whole field of medical science more perfectly included; while a smaller number of lectures would be given daily, and what is more then all, the student could receive his instruction on the several branches in their natural order or succession, instead of having them all crowded upon the mind heterogeneously. If all our medical colleges would confer together and adopt such a plan, and the profession at large throughout its social organization also adopt some systematic plan for ensuring the attainment of a proper preliminary education, on the part of all young men, before they are permitted to enroll themselves as students of Medicine with any respectable practitioner; it would soon result in a vast improvement in the education and usefulness of the whole profession in this country.

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To Subscribers.—The delay in mailing of the last (September) number of the *Journal*, was occasioned by the necessity of enclosing *bills* to those subscribers who stand in arrears on our books. To fill out and enclose nearly *one thousand bills*, is a task requiring both time and patience; and we had hoped that we should be relieved from the task by the prompt payment of subscriptions by our readers—but we have been disappointed to a very great extent. It requires only two more numbers to complete the volume and the subscription year. Will our subscribers act promptly? They need have no fears of sending through the Post-Office, if they will be particular to address their letters to N. S. DAVIS, Chicago, Illinois.

Toast.—The following poetical toast, by Dr. Oliver Wendell Holmes, was prepared in the expectation that there would be a public dinner at the late meeting of the American Medical Association, and with the intention that it should be offered on that occasion:—

A triple health to Friendship, Science, Art,
From heads and hands that own a common heart!
Each in its turn the other's willing slave:
Each in its season strong to heal and save.

Friendship's blind service, in the hour of need,
Wipes the pale face—and lets the victim bleed.
Science must stop to reason and explain:
Art claps his fingers on the streaming vein.

But Art's brief memory fails the hand at last;
Then Science lifts the flambeau of the past.
When both their equal impotence deplore—
When Learning sighs, and Skill can do no more,
The tear of Friendship pours its heavenly balm,
And soothes the pang no anodyne may calm!

Injections into the Bronchial Tubes and into Tubercular Cavities, of Solution of Nitrate of Silver.—Dr. Horace Green presented to the New York Academy of Medicine, in December last a communication in which he claimed to have treated bronchial affections and tuberculosis with advantage, by the direct introduc- on into the lungs of a strong solution of nitrate of silver, in- ted through an elastic tube. The subject was referred to a mmittee, to investigate and report on the subject.

At the meeting of the Academy, on Wednesday, June 6th, Dr. illard Parker, the eminent Professor of Surgery in the College f Physicians and Surgeons, who was chairman of the committee, made a report on behalf of a majority of that committee. We take the following summary of the report from the New York *Daily Times* of June 11th.

Dr. Parker stated that the Committee had held five meetings—two at the office of Dr. Green, three at Bellevue Hospital, and had experimented upon thirty-eight individuals, and would now present, 1. A History of catheterism of the air passages; 2. The results of their experiments; and 3. The opinions founded upon these experiments.

1. Catheterization of the air passage is no new idea: it is recommended by Hippocrates; and Ryland, in his work on Diseases of the Larynx, devotes a short chapter to it.

2. The result of their experimentation proved, to the satisfaction of the whole Committee, that the operation is possible. In eleven cases the instrument entered without doubt into the trachea. This was evident to the finger of the operator by local examination. Moreover the symptoms manifested by the patient are unequivocal. They are such as always accompany the entrance and the presence of a foreign body in the air passage, spasm, suffusion of eyes, redness of face, a sense of suffocation, and a desire to withdraw the instrument.

In most instances the instrument passed into the œsophagus, and the report next gave a tabular statement of unequivocal rational signs by which it might be determined into which passage the instrument was passed. [This tabular statement is very incomplete.]

When the instrument is passed into the trachea, the face becomes turgid, respiration croupy, there is spasmodic cough, and a sense of immediate impending suffocation. If assured that there is no danger (in one instance seen), the patient can be enabled to bear the instrument for a short period.

When the instrument enters the œsophagus there is a hoarse, stridulous voice, retching, and cough, generally vomiting; but after a short interval these symptoms pass away: the irritation is allayed, and the voice becomes nearly natural. In but one case were these peculiarities absent, and in that sensibility of the parts was deadened by previous syphilitic disease.

As a rule the rational signs will distinguish the location of the instrument. The blowing out of the candle by expiration through the tube, and the inflation of a bladder tied over the end, are not sound tests, as this might be done by the emission of gas from the stomach, when the tube was purposely passed into the œsophagus.

The opinion of the operator is unreliable when based upon his own opinion, without reference to these rational signs. Dr. Green being himself repeatedly mistaken, as confessed by him.

The sensations of patients are often reliable after many applications have taught the different feelings.

The facility of the operation does not depend upon the previous preparation of the patient, as insisted on by Dr. Green, for, with the exception of Wetmore, patients who had frequent applications of the caustic to the fauces for six months were equally intolerant as the new patients.

Much depends upon the character and form of the instruments. With a tube curved by a stylet to a form corresponding to a circle of six inches diameter, in thirteen cases five failed, or 38 per cent. of failure, which proves that the trachea may be entered with a very considerable certainty.

With a tube with a small curve, such as used by Dr. Green, in 38 cases 35 failed or 92 per cent. of failure.

With a sponge probang, in 18 cases there were 18 failures, or 100 per cent. of failure.

The conclusion is, that the sponge probang, or slightly curved tube, cannot be made to enter the trachea, if largely curved, can; that local application within the trachea is difficult, and rarely successful; and whether an instrument may be passed at will into the right or left bronchi, the committee leave to the Academy to decide from these facts.

The committee considered themselves excused from entering into the therapeutical value of the application, as proposed on the grounds that they do not think it advisable to discuss a mere theoretical question. A post-mortem of a consumptive is given, where death followed in twenty-six hours after operation.

This report was signed by Dr. Parker, I. Wood, and H. O. Stone. Dr. A. H. Stevens is absent from the city, and two other members reported to concur in it, but they were absent and their names were not appended.

Prof. Baker, the colleague of Dr. Green in the New York Medical College, made a minority report, stating the reason why he could not sign the majority report.

At an adjourned meeting of the academy, on the following Wednesday, the reports were again read, and after some debate the reports and the paper of Dr. Green were ordered to the committee on publication, to be printed in the *Transactions* of the Academy, and distributed to the members previous to the next meeting.

The Society then adjourned to the next regular meeting on the second Wednesday in July.—*Medical News.*

STARLING MEDICAL COLLEGE.

SESSION OF 1855-56.

LECTURES.—The Lectures will commence on Wednesday, the 18th of October, and continue for twenty weeks, ending Tuesday, the 6th of March.

FACULTY.

S. M. Smith, M.D., Prof. of Theory and Practice, and Dean.

F. Carter, M.D.. Prof. of Obstetrics and Diseases of Women and Children.

E. Moore, M.D., Professor of Surgery.

John Dawson, M.D., Prof, of General and Special Anatomy and Physiology.

J. W. Hamilton, M.D., Prof. of Materia Medica, Therapeutics and Medical Jurisprudence.

Theo. G. Wormley, M.D., Prof. of Chemistry.

S. Loving, M.D., Demonstrator of Anatomy.

FEES.—Tickets for all the Professors, $60,00; Matriculation Ticket, $3,00; Graduation Fee, $20,00; Ticket for the privileges of the Dissecting Room, including the services of the Demonstrator, $5,00.

Subjects for discussion in the building furnished at a moderate expense, on application to the Demonstrator of Anatomy AND IN NO OTHER WAY.

Inquiries and requests being sometimes made for indulgence in time, we propose to allow, in such cases, that a judgment note for $65, with interest and approved security, payable in one year, may be taken. But our *rule* is, payment within the first three weeks of the session.

EXPENSES FOR A SINGLE SESSION.

Fees, including the Dissecting Ticket, $68; Boarding, including lights and fuel, from $2 to $3 per week, for twenty weeks, $40 to $60.—

Total $108 to $128 00

There are three extensive Bookstores in Columbus, at which Medical works in great variety are sold at very low rates. Surgical, Obstetrical, and Dissecting Instruments are readily obtained.

S. M. SMITH, M. D., Dean.

Columbus, Ohio, Sept., 1855.

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MEDICAL COLLEGE OF OHIO.

SESSION OF 1855-56.

THE THIRTY-SIXTH ANNUAL COURSE OF LECTURES in this Institution, will commence on the 15th day of October, and continue until the last day of February.

FACULTY.—Thos. Wood, M D., Prof. of Anatomy; J. A. Warder, M.D., Prof. of Chemistry and Toxicology; James Graham, M.D., Prof. of Materia Medica and Therapeutics; G. C. Blackman, M. D., Prof. of the Principles and Practice of Surgery and Clinical Surgery: John H. Tate, M.D., Prof. of Physiology, Hygiene and Medical Jurisprudence; N. T. Marshall, M.D., Prof. of Obstetrics and Diseases of Women and Children; S. G. Armor, M.D., Professor of Pathology and Practice of Medicine and Clinical Medicine; R. L. Rea, M.D., Demonstrator of Anatomy.

FEE for the Whole Course, $92; Matriculation (paid only once) $5: Hospital, $5; Graduation, $25; Demonstrator's Ticket, $8; Board, $2,50 to $3,00 a week.

A Preliminary course. free to all students. will commence on the 1st of October and continue until the commencement of the regular session

Clinical Instruction by the Professors of Clinical Medicine and Surgery. will be given daily at the Commercial Hospital.

A Medical and Surgical Clinique has also been established in connection with the College at which cases will be prescribed for, and operations performed, in presence of the Class

Students may rely upon an abundant and prompt supply of MATERIAL

Letters addressed to the Dean, or any member of the Faculty will be promptly answered.

Students. on arriving in the city. can obtain further information by calling on the Dean or Janitor at the College, on 6th street, between Race and Vine.

S. G. ARMOR, M.D., Dean of the Faculty.

THOS. WOOD, M.D., Registrar.

PHILADELPHIA COLLEGE OF MEDICINE.

THE Winter Session will begin on Monday, October 8, 1855. The Spring Session will open in March, 1856, and close in July. Degrees are conferred in March and July.

FACULTY.

George Hewston, M.D., Prof. of Anatomy.
H. Howard Rand, M.D., Professor of Chemistry.
H. Hartshorne, M.D., Prof. of Institutes of Medicine.
James L. Tyson, M.D., Prof. of Materia Medica.
Isaac A. Pennypacker, M.D., Prof. of Practice of Medicine.
James Bryan, M.D., Prof. of Surgery.
Lewis D. Harlow, M.D., Professor of Midwifery, etc.
Joseph Parrish, M.D., Emeritus Prof. of Midwifery, etc.

FEES.—One Full Course, $84; Perpetual Ticket, $150; Matri ion, $5; Graduation, $30.

The students are examined daily by the Professors upon each bra dvanced students are furnished gratuitously with the hospital t r one year, and have opportunities of attending cases in Medicine, S ery and Midwifery, under care of the Professors.

For announcement or other information, address

B. HOWARD RAND, M.D., Dean,
At the College, 3d st., below Walnut

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.

VOL. IV. NOVEMBER, 1855. NO. 11.

ORIGINAL COMMUNICATIONS.

ART. I.—*Cases of Eczema, Reported to the Regular Meeting of the Cook County Medical Society, for October,* 1855. By T. BEVAN, M. D., of Chicago.

JUNE 19th, 1855.—Mr. Wm. Felley brought to my office his boy of 8 years, who had been affected with an eruption about the anus since the second week of his life. He had been treated in New York and this city, by various medical gentlemen, and with little or no amelioration of his symptoms—he presents the appearance of rather a debilitated condition of the general health, is somewhat emaciated though not very much so,—his bowels are alternately loose and constipated, appetite pretty good, very much annoyed by the eruption about the anus, which itches and pains him constantly. When he walks he straddles his legs wide apart so as to prevent the friction and consequent pain of the nates against each other. The eruption presents a continuous redish purple surface, presenting some points of excoriated surface, some veritable scabs and pustules of the kind appertaining to Eczema impetiginodes. Radiating from the circumference of the anus are numerous fissures varying in depth, from the 32d to the 1-16 of an inch, and length from ⅛ to ¾ of an inch.

The history of the case as well as I could learn was, that the fissures had always existed; the redness and eruption was sometimes much better than at others, corresponding to the subsidence and desquamation of the Eczema. He has great pain at stool, especially if the fæces be hard or even of normal consistence, and his countenance presents the peculiar appearance of a person suffering from a constantly recurring pain.

The husband admitted to having had on two occasions the venereal disease; but from examination I was satisfied it had never made any constitutional appearance.—(He has a stricture also, which presupposed an antecedent gonorrhea. The parents are of the lower class of English—not particularly filthy, but of none the most careful habits.) The discharges from the bowels and bladder do not irritate by remaining in contact with the diseased surface. The whole surface diseased would amount to about ten or eleven superficial square inches.

My diagnosis was a case of chronic Eczema impetiginodes complicated with fissures of the anus. These fissures of the anus sometimes occasion the most tormenting pains, causing a sort of spasmodic action of the sphincter: judging, first, it was judicious to combat the eczema, I put the patient on the solution of arseniate of potassa. Fowler's solution, in doses of three drops, three times a day. To the surface of eruption, I directed to be applied after each discharge from the bowels a solution of sal soda, and regularly three times a day, cleansed with this solution, and an application of the solution of corrosive sublimate in the emulsion of bitter almonds. Applied at night after being well cleansed, I directed an ointment of

℞ Axunge, ℥j.
Ung. Hydrarg. ʒj.
Pulv. Opii. ℈j.
Tannin ʒj.
M. Ung.

o be freely applied to the surface. I should have stated that s, from the scales not being well removed at first, did not come n contact with the surface as I desired, and I directed a poultice of flax-seed meal, during two or three nights after which the above treatment was continued.

On the 25th, there was a very decided amelioration of the eczema; the surface was clean, and less pain with stools, the fissures were contracted,—some of them extending within the anus. Persisting, I directed the ointment to be introduced on the finger within the anus. The arsenic being borne well by the stomach, I directed five drops instead of three, at a dose, and the other remedies were continued, and when the bowels were constipated to be opened with flor. sulph. and magnes. sulph.

July 1st.—There has been rapid disappearance of the fissures; there is no pain at stool; appetite has been rather poor on account of arsenic causing some irritation of the stomach, diminished the dose to three drops, and continued medicine as before.

July 20th.—Almost well.

Sept. 1st.—The fissures have certainly disappeared, the skin has assumed the natural appearance, and the parts are perfectly sound and healthy. Child is rapidly increasing in flesh and vigor, and the cure is perfect.

CASE NO. II—Occurred in a girl of 11 years, the daughter of Mrs. W———l.

For ten months the scalp has presented points of inflammation characterized by small vesicles accuminated, confluent, agglomerated, and diffused over the surface of the scalp; containing a transparent serous fluid. These vesicles developed on a surface sometimes red and inflamed, and sometimes almost without redness or apparent inflammation of the skin, ruptured and exhale the liquid which is soon converted into white dry scales, adherent to the hairs and surface, amid which they are formed, and in this as in most cases of eczema of the scalp, swarming with small *deer* and their deposits.

The younger sister of the patient is affected with the disease, though not to the same extent as in the first case. The whole scalp, as far as there is hair, is attacked some with the coating of scales and vermin. I directed the hair to be clipped off as close as possible with scissors; a warm poultice of the linseed meal to be applied to the whole surface of the scalp, and following this the head to be thoroughly cleansed with the alkali. Against the vermin the unguentum hydrarg, and frequent cleansings of the scalp were directed; following this the solution of

Corrosive Sublimate, grs. v.
Emuls. Bitter Almonds ℥j.
M.

Freely applied to the eruptive surface in conjunction with the arsenical solution, three drops at a dose, three times a day, and keeping the bowels free with the sulph. and magnes. Under this treatment the eczema rapidly disappeard, and six weeks from the commencement of the medication, the scalp was perfectly free from disease.

The other case of her sister was treated in the same way with the same results.

The results of these cases are very favorable to the effectiveness of the preparation of arsenic in this variety of chronic exanthemata, as a constitutional remedy; and notwithstanding the fears that some entertain of its injurious effects on the system in the production of ascites, anasarca, etc., is one of our best remedies in combating those diseases. Cazenave, who has for years used the remedy in hundreds of cases, attests that when prudently administered it is not more dangerous than Quinine or a host of other remedies used every day in our ordinary practice.

Another remedy which was used in these cases, I would commend to the notice of the gentlemen of the society, which is the Emulsion of Bitter Almonds, either alone or holding in solution the Sublimate of Mercury. It is applicable to all cases of exanthematous diseases having a persistent tendency. There seems be, especially with exanthemata, a local predisposition, as well general, and in combating this I have found it especially use-, continued for months if necessary. I have seen it in several ses eradicate erysipelas of the face, and it is the only remedy nown to me that will have this effect.

ART. II.—*Report on the Sanitary Characteristics of Chicago during the Summer of* 1855*; or the connection between Meteorological Phenomena and the Prevalence of certain diseases.* By N. S. Davis, M. D., &c. Read to the Cook County Medical Society, October 9th, 1855.

There is no subject of more interest to the physician, or of greater importance to the community, than that which relates to the causes of disease. More especially is this true in relation to those causes, whether predisposing or exciting, which determine the prevalence and severity of such endemic and epidemic diseases as recur annually, at stated seasons, or more irregularly and at longer intervals, but with greater relative fatality. For just in proportion to the extent and correctness of our knowledge concerning the efficient cause or causes of any particular disease will be our ability to modify or entirely counteract the effects. All the important questions relating to the establishment of Quarantines, and other sanitary regulations for the prevention of disease, in cities and isolated communities, can only be answered by a careful and rigid investigation of all those circumstances capable of affecting the health either of separate classes or of the whole community. Investigations by individual members of the profession and by special sanitary commissions, both in this country and Europe, have been made sufficient to show that as a general rule, diseases, whether endemic or epidemic prevail most and are most fatal in those parts of cities where the inhabitants are subjected to the combined influences of filth, dampness, and poverty. Hence great emphasis has been placed on the necessity of removing these circumstances, and the idea has been inculcated that such removal would be sufficient of itself to prevent the occurrence of severe epidemic or endemic diseases.

That the circumstances just alluded to are sufficient often to determine the development of typhoid and typhus fevers, dysentery, erysipelas, &c., in individuals exposed to them, I have no doubt. That by their debilitating influence on those habitually exposed to them, they act as predisposing causes of epidemic diseases, is also evident. Consequently there is generally a greater annual average mortality in districts where these circumstances exist than in those otherwise the same, but where these are absent.

It requires, however, but a moderately close search into the detailed history of epidemics occurring at the same place in successive years, or in different places during the same year, to show that the circumstances and conditions generally included under the head of filth, dampness, and poverty, are not alone, or all combined, sufficient to explain the origin and prevalence of such diseases.

A still smaller amount of research will show that their origin and spread cannot be *generally* traced to any species of importation, communicability or contagion. I say *generally*, because it must be admitted that in some instances the facts are so plainly and directly in favor of communication by importation in ships from infected places, that the conclusion cannot be easily avoided. Yet where one such unequivocal case occurs, a score of others are on record in reference to which no such origin can possibly be traced. Yet millions of money have been expended by municipal governments in establishing and enforcing Quarantine regulations under the confident expectation of preventing severe pestilences by cutting off their introduction from abroad. In view of the present uncertainty and defective knowledge on this subject, it is a duty incumbent upon the Medical Profession to enter upon a still more careful and extended investigation of this whole matter. In conducting this inquiry we should not start with the effort to collect such facts only as tend to corroborate or disprove some special theory; but we should first consider carefully, the various modes by which morbid causes, of whatever nature, may be made to act simultaneously on whole communities or particular parts of communities. If we reflect a little upon this preliminary question, we shall perceive that any cause capable of acting upon whole communities, must exist in the soil upon which they live, or in the water of which they drink, or in the air they breathe. In other words a cause, to act on many persons at the same time, must gain access to them through some one of those elements that are common to all. By doing this we obtain a basis for investigation; and we may next proceed to the inquiry whether particular changes in any of these elements invariably precede or accompany the prevalence of any one disease, or class of diseases. In pursuing this inquiry we shall find no difficulty in tracing a close relationship between certain appreciable conditions of the atmosphere, such as temperature and moisture, and the prevalence of some diseases.

Thus we find diarrhœas and dysenteries prevailing, more or less, during certain warm months of the year, in all cities and densely populated districts; however diverse may be the geological formatiens on which they are located.

Again, we trace with equal readiness the connection, to a certain extent at least, between certain geological formations and the prevalence of periodical fevers. But while we may easily fix upon certain conditions of soil and atmosphere which hold a pretty uniform relation to endemic diseases, or such as prevail habitually in particular localities, or during certain seasons of the year, the true *epidemics* appear and disappear so irregularly, at intervals so remote, and on geological formations so diverse that it is not easy to ferret out the laws which govern them, or the changes in the elements which precede and accompany their prevalence. We have indulged in these general observations, not with the intenton of pursuing the investigations to which they relate in all their bearing, but rather for the purpose of indicating their importance and of showing their connection with the observations which follow. As a member of the Committee on Epidemics and the Sanitary condition of this city, I must restrict my report on the present occasion mostly to a detail of facts as they have come under my observation during the past summer. But I trust the society will excuse me if I so far digress from the legitimate business of the committee as to compare these facts with those gathered during the two preceding summers, with a view of determining how far valuable conclusions may be drawn, in reference to the connection between certain atmospheric conditions and the prevalence of such epidemics, as have come under our observation. At the meeting of this society in June a report was made, containing a brief account of the prevalence of disease in the city from the beginning of the present year to that date. From that report and other sources, we learn that the monthly mortality thus far during the present year, has been as follows, viz.:

January,	1855,	whole	number of	deaths,	128
February,	"	"	"	"	103
March,	"	"	"	"	124
April,	"	"	"	"	105
May,	"	"	"	"	90
June,	"	"	"	"	87
July,	"	"	"	"	239
August,	"	"	"	"	448
Sept.,	"	"	"	"	310

It will be seen by this table that the smallest mumber of deaths occurred during the month of June, being less than three per day in a population of 80,000. The weekly reports of deaths show nearly the same low ratio of mortality during the first two weeks of July. During the third week, however, a pretty rapid increase took place, and during the fourth and fifth weeks the mortality reached near the maximum for the summer. Thus during the

First	week in	July,	whole number	of deaths	was	22
Second "	"	"	"	"	"	34
Third "	"	"	"	"	"	74
Fourth "	"	"	"	"	"	90

The weekly mortality for the month of August was as follows, viz.:

First week	from the	3d to	the 10th,	95
Second "	"	10th "	17th,	116
Third "	"	17th "	24th,	87
Fourth "	"	24th "	31st,	109

During the month of September, the mortality again decreased from week to week as follows:

From	September	1st to	8th,	deaths, 104
"	"	8th "	15th,	" 91
"	"	15th "	22d,	" 65
"	"	22d "	29th,	" 50

From these weekly details, it will be seen that the number of deaths rapidly increased from the middle of July to the 17th of August; then notably declined for one week, followed by an increase from the 24th of the latter month to the 15th of September: since which time the number has again steadily decreased. On examining the Meteorological records kept during the last three months, and comparing them with the foregoing tables of weekly mortality, some interesting coincidences may be noticed. The month of June was unusually cool, and the average degree of moisture in the atmosphere not above the ordinary standard; although to this there were some minor exceptions which will be noticed when we consider the prevalence of particular diseases. The first six days of July were all marked as clear, cool, and dry, except a slight sprinkling of rain on the morning of the third. During all these days the atmosphere contained less than the ordinary degree of moisture, and the wind was from the West, North-west, and North. The seventh was still clear and dry, but much warmer. The eighth was very warm, with south wind and copious showers of rain. The ninth was clear, extremely warm, and atmosphere *saturated* with moisture, with a continuance of wind from the South. The eleventh and twelfth were clear, cooler, and wind from the East. From the thirteenth to the nineteenth it was clear, except showers on the fifteenth and seventeenth. The atmospheric temperature and moisture were both high during the whole time, with the prevailing winds from the South and South-west. The morning of the nineteenth, was clear, warm and oppressive, with wind from the South and a moist atmosphere. It continued so until half past three o'clock, P. M., at which time the mercury in the Thermometer stood at 96° Fahrenheit. At that hour the wind suddenly changed and blew from the North-west and North, with so rapid a reduction of the atmospheric temperature, that at four o'clock, P. M., the mercury had sunk to 68° F.; thereby showing the downward range of 28° in half an hour. At six o'clock the same evening the temperature was only 62°, thus showing the extreme range of 34° in the short space of two and a half hours. It remained cool only about 48 hours, when the temperature again increased with the full medium degree of atmospheric moisture. On the 25th it was warm and rainy with the wind from the West. The 26th and 27th were recorded as "clear, but damp and oppressive," with the wind from the South-west. The remaining four days of the month were less hot, but the moisture of the atmosphere was but little if any less than during the preceding two days. The meteorological characteristics of the month of August are given as follows in one of the daily papers of the city, communicated by an intelligent druggist of this city, viz.:

"The promise of early summer has not disappointed us; and August has proved a cool, refreshing, and comfortable month. The mean temperature for the month has been 72°, more than 4° less than the average of August, 1854. The average height of the mercury at 7 A. M. was 66°; at noon 77°, and at 6 P. M. 72°.

"The mercury rose to 80° and over on thirteen days of the month, and fell below 60° on two days, the 17th and 18th. The hottest day was the 31st, when the mercury rose to 89° and the coldest on the 17th, when it descended to 52°. Thus the total range for the month was 37°. The average daily range was 12°, the highest on the 31st, 24°, the smallest on the 22d, when the mercury indicated the same degree (64°) throughout the day.

Refreshing rains have fallen on seven days of the month, twice accompanied with thunder, viz.: on the night of the 3d and the 15th. The sky has been clear on fifteen whole and seven half days, and cloudy on seven whole and nine half days.

The wind has blown from the North, on two whole and six half days, from the N. E. on five whole and five half days, and from the N. W. on one whole and two half days. It has blown from the South on one whole day and two half days, and from the S. E. on one whole day and five half days, and from the S. W. on five whole and six half days. It has blown from the East on three half days, and same from the West. The prevailing wind from the N. and Easterly quarters explain the coolness of the month, affecting favorably the health of the city, and the chief cause of sickness has been the sudden atmospheric changes, which have occurred on eight days of the month, more especially on the 20th, 21st, 24th, 25th, and 31st.

The summer of 1855 is ended; and all will gratefully contrast it with its predecessor the summer of 1854. JOSEPH WILLARD."

This account though sufficiently correct as far as it goes, is deficient in two particulars important to the Medical inquirier. It gives us averages of temperature, winds and rain, without stating to what extent any of these elements coincided at any one time; and it omits all information on the subject of atmospheric moisture.

If we should say that the seven rainy days were pretty equally distributed through the month; that each was preceded by two or three days of warm, clear, weather, and immediately followed by a North or North-east wind and two cool days, we should convey a pretty correct idea of the weather for the month. The coolest part of the month as indicated by the summary of Mr. Willard, as well as our records, was from the 17th to the 24th. With the exception of a very few days, the atmospheric moisture was above the average throughout the month. Its maximum degree was from the sixth to the fourteenth of the month. The meteorological characteristics of the first half of September corresponded very closely with those of August. On the seventeenth, at noon the temperature was 86° F.; but during the following night a violent storm of rain and wind from the North-east occurred, with a reduction of temperature to 62° F., on the 18th, and to 58° F., on the 19th at noon. From that time to the end of the month, the atmosphere was cool, moderately damp, and the prevailing winds from the North and East.

If we compare these meteorological details with the weekly mortality as already given, we shall find that every marked increase in the ratio of mortality was immediately preceded or accompanied by an elevated temperature, high degree of atmospheric moisture, and South or South-westerly winds.

For striking examples of this, note the rapid increase of mortality during the third week in July and the last week in August. On the other hand the continuance, for three or four days, of a low degree of temperature and moisture, with winds from the North and East, was uniformly followed by a decrease of mortality. This was strikingly illustrated during the week following the 17th of August, and again after the severe storm of the 17th and 18th of September. If we now turn our attention to the prevalence of particular diseases, we shall observe coincidences equally interesting with the foregoing. The month of June, as seen by reference to the table presents a lower ratio of mortality than any other month of the present year; yet it was during the latter part of that month, that those diseases commenced their prevalence which proved most fatal during the remainder of the summer. For several days preceding the 16th of June the atmosphere had been clear, dry, and pleasant. On the 16th it become more warm and damp, followed in the evening by copious showers with thunder, and a cool North-east wind.

During most of the 17th the atmosphere was filled with a dense cold fog, followed by rain again at night. The 18th, 19th and 20th, were clear and cool, but the atmosphere damp. On these days several fatal cases of cholera were reported at Bloomington, in the central part of the State, about one hundred miles South of this city. The morning of the 21st was quite warm and damp. At noon a shower of rain with wind from the West. The afternoon was clear, warm and damp. The 22d and 23d were cool and damp, with a dense chilling fog in the morning. From the 24th to the end of the month the atmosphere was moderately warm and moist with the prevailing wind from the South and South-west. Cases of acute dysentery began to occur, and rapidly increased in number from the 21st to the 23d; characterized by violent pains in the abdomen, tenesmus, and frequent discharges of mucus mixed with blood. During the same time attacks of diarrhœa and vomiting were frequent though rarely fatal. Some of these strongly resembled mild cases of genuine Cholera. From the 14th of June to the 8th of July the attacks both of dysentery and diarrhœa were less frequent, and generally easily controlled by medicine. On the 9th there was a remarkably rapid increase of both these diseases. Between the morning of the 9th and mid-day of the 10th, I saw in my own private practice twelve cases of dysentary, six of cholera morbus, all dating their commencement between the evening of the 8th, and the morning of the 10th. From the morning of the 11th to that of the 14th, I saw only two new cases of dysentery, and one of diarrhœa. From the 14th to the 19th, attacks of both diseases became more frequent. From this last date to the 15th of September, dysentery became *the prevailing* disease of the season, causing not less than thirty deaths in July, fifty-five in August, and forty in September. At no time during the past summer did the Cholera assume an epidemic form, and yet we had no period of three successive days, combining a warm and damp atmosphere, with South or South-west winds, without some fatal cases of this disease.

The whole number of deaths from Cholera, as near as could be ascertained, were in July 25, August 67, and September 44;

making a total of 136. Attacks of ordinary intermittent and remittent fevers have been more frequent during the month of September than for several years past. The mortality from all the varieties of general fever, is reported for the month of August 10, and September, 21.

It is now three years since I commenced a careful series of observations on the atmospheric changes and the coincident prevalence of disease. These three years embrace the summers of 1853, '54, and '55 : and it may not be uninteresting to take a retrospective view of the prominent characteristics of each. With the exception of a few days about the middle of June, and a like period near the middle of August, the temperature of the summer of 1853, was about the average as deduced from a series of years. Both the exceptions named, were short periods of extraordinarily high heat. During all that summer, however, the atmosphere at this place and throughout the North-West, was remarkably dry. Nearly all the rains that occurred, were immediately followed also by a clear, cool, and dry atmosphere. The summer of 1854, presented features directly opposite. From the last of June to the first of October, the temperature was high and the atmospheric moisture much above the average standard.

The showers of rain that fell from time to time, were also followed immediately by a high degree of both temperature and moisture, creating an atmosphere at once oppressive and enervating. The prevailing winds were from the South and South-west. The summer of 1855, as you have already gathered from the details just given, has been charcterized by a low average temperature coupled with a high degree of atmospheric moisture; and with very few exceptions, the showers have been immediately followed by North and East winds, and sudden reduction of temperature.

The month of August, as already stated, gave an average temperature full 4° below that of the same month, in 1854. It will be seen that the three summers present striking meteorological differences. The differences in the prevalence of disease and the resulting mortality are equally striking.

The summer of 1853, for instance, was remarkably healthy throughout the North-West. The inhabitants of this city enjoyed an unusual exemption from the prevalence of epidemics and all other severe diseases. The ratio of mortality for the whole year of 1853, was only one for every fifty of the city population. On the other hand, the summer of 1854 was accompanied by one of the severest cholera epidemics that ever scourged our city; swelling the mortality for the entire year to the startling ratio of one in every nineteen of the population.

The summer of 1855, though free from the prevalence of any epidemic, and favoring our city with a ratio of mortality not above the average of a long series of years, was yet attended by decidedly more sickness, especially from dysentery and fevers, than that of 1853. If we estimate the mortality of the remaining three months of the year on the supposition that good health is continued, we shall have a total mortality for the year 1855 of two thousand one hundred; which is about one to every forty of the present population.

Thus we have in the first of the three years a ratio of mortality extremely low; in the second, extremely high; and in the third, about the average of ordinary healthy seasons.

If we enquire for the causes which have produced this diversity of results, we shall be compelled to look principally to the meteorological phenomena already detailed, for in every other particular the condition of the city has remained the same. There have been no important changes during these years, either in the cleanliness of the streets, the extent of sewerage, or in the habits and customs of the people. The only appreciable change in the hygienic or sanitary condition of the city, consisted in a more extensive supply of Lake water through the new Hydraulic works, which were put into operation early in the year 1854. The influx of new comers and the increase of population has been extremely rapid during all the years under consideration. Neither can it be claimed that the cholera epidemic, and consequent high ratio of mortality in 1854, was owing to any accidental importation of that disease from other locations. For there was the same tide of unrestrained immigration during the summer of 1853 as in 1854; and though some show of Quarantine regulations was adopted by the city authorities early in the summer of 1855, yet fatal cases of cholera were actually brought into the city at several different times.

One of the cases was mentioned in a report to the Society at its meeting in June. (See *N. W. Medical and Surgical Journal* for July 1855). Another occurred in the person of a Baggage Master on the Chicago and Mississippi R. R., who died in collapse at the Sherman House in this city, on the night of the 24th of June. Other similar cases occurred sufficient to show that there was no lack of importation from abroad; and certainly the cases occurring in our midst during the summer were sufficiently numerous to have propagated it, (if it were capable of propagation), as extensively as during any former season.

There was, therefore, nothing in the cleanliness of streets, the sewerage, the ventilation of houses, the supply of food or drink, or in the free communication with other locations which would cause the prevalence of disease during one of these seasons to differ materially from the others. From all my observations and reading during the past three years, I have arrived at the following conclusions in relation to the causes of cholera, diarrhœa, and dysentery:

First, that the origin and prevalence of these diseases depend directly on certain appreciable conditions of the atmosphere.

These conditions result from certain combinations of heat, moisture, and electricity, which are capable of affecting both the elementary properties of all the tissues, and the condition of the mucous and cutaneous surfaces of the body. The conditions most favorable to the development of cholera and serous diarrhœas are high temperature combined with a high degree of atmospheric moisture, and (in this locality) a South or South-west wind. At no period of the summers of 1854 and '55, did these conditions co-exist for three consecutive days without producing a marked increase of these affections. The same atmospheric conditions, coupled with frequent alterations of temperature from heat to cold, are most favorable to the production of dysentery; particularly of the inflammatory type. These two conditions were strikingly illustrated by the months of July and August, in the years 1854 and '55. The atmosphere during those months of the first named year was almost continuously hot, damp, and oppressive with the prevailing winds from the South. During those of the last named year, it was much of the time damp, but at no time hot more than three or four consecutive days without a sudden change to cold with North or North-east winds.

Second, that while certain atmospheric conditions constitute the efficient determining cause of the diseases under consideration, the local circumstances of filthy streets, imperfect drainage, confined air, over-crowding, the use of intoxicating drinks, &c., constitute important predisposing agencies, which though seldom sufficient alone to develope epidemic affections, yet always serve to render them, when once begun, more prevalent and fatal.

The foregoing details may appear to some tedious and unnecessary, but I only regret that my time will not permit me to make them still more minute and full. For one of the principal reasons why the facts of meteorology have heretofore thrown so little light on the causation of disease, is because observers have been too content with the obtaining of *mean* or *average* results for given periods of time, without patiently observing the daily variations and coincidences. It is easy to perceive that the same month in two successive years may give very nearly the same *mean*, both of temperature and atmospheric moisture, and yet these elements may be combined variously in different parts of that time.

SELECTIONS.

On Sterility depending on certain diseased states of the Lining Membrane of the Womb ; its treatment and cure. By Wm. Cumming, M. D., F. R. C. P., Edinburgh—Vice President of the Edinburgh Obstetrical Society.

Cases of essential and incurable sterility depending on the female are extremely rare; and it is not my purpose to refer to the cause of this form. But cases of removable sterility are very numerous; and it may be interesting to detail some of the causes of it, the treatment, and the results.

I. One of these causes is a diseased state of a portion of the lining membrane of the uterus in cases of mal-position, the diseased part corresponding with the angle formed by the flexion of the womb on itself. According to my observation, the displacement of the womb most frequently accompanying this morbid condition of the mucous membrane, is anteversion, but other forms of displacement are not exempt from disease. I am now disposed to believe that no more displacement or contortion of the uterus will prevent impregnation, and that it is only when this is accompanied by a congested or ulcerated or otherwise diseased state of the lining membrane that it is a cause of sterility; and the reason of this seems to me to be, that the morbid part so flexed acts as a valve, which, while it allows a passage, painful or painless as may be, to the menstrual and muco-purulent discharges from within, refuses entrance to any fluid, such as the seminal, from without.

When these cases first came under my notice many years ago, being at that time inclined to attach more importance to mere displacement of the uterus than I now do, I attempted their cure by the means that were in use for the removal of the displacement. The chief means employed was the use of the intra-uterine pessary, on the supposition that there was no disease of the womb; but the success of this by no means corresponded to my expectations. It was evident that there was more than mere displacement, and that recourse must be had to other means; and having discovered in some (not certainly in all) a preternatural degree of tenderness and induration at the point of flexion, I was led to the conclusion that the mischief lay there, and that the treatment should be directed to that part. Accordingly, instead of inserting the pessary, I introduced bougies of different sizes till the constriction that existed at the angle of the displaced womb was removed, and followed this up by applying the solid nitrate of silver to the congested or otherwise diseased surface. The result of this was good. The painful menstruation was often removed, always relieved, a more free menstrual discharge followed, the intra-uterine leucorrhœa was by successive applications cured, and the patient in due time became pregnant. To this, of course, was added such treatment of the general system as seemed to be required.

Of this class, the following may be regarded as a not uncommon specimen:—

Mrs. Z———, married three years, had before marriage been more or less out of health at the menstrual period, but after that event, had her uterine symptoms much aggravated. She had for the two years previous to consulting me been treated by leeching, counter-irritation, &c., but without effect. She had also, on one occasion, had a bougie introduced within the os uteri, but the pain caused was so exquisite that the lady fainted, and the operation was not repeated. When she came under my care, I ascertained that there was very decided anteversion, great tenderness at the curve of the uterus—*i. e.*, at the part where it was anteverted on itself; and when I introduced a very small bougie for the purpose of examining the os internum, there was great tenderness and clearly some constriction. The leucorrhœal discharge was not very considerable, but it was *intra-uterine*, and irritated, and almost excoriated the vagina; and it was largest in quantity about midway between the menstrual periods.

It appeared to me that both the lady's illness and consequent sterility depended on the narrowness of the os internum, and probably also on the diseased state of the mucous membrane near it. There was no congestion either of the cervix or body of the womb, nor could I detect any other functional or organic derangement.

Having explained to the patient the nature of her case, and assured her that I could not undertake the treatment unless I was allowed to treat her by dilatation, to which, from her previous experience of the bougie, she had great objection, and having reduced considerably the tenderness of the diseased part by the inunction with belladonna ointment before introducing the bougie, I succeeded in dilating the os internum, and ultimately in applying the solid nitrate of silver. The effect of this was soon perceptible. She had much less painful menstruation, more of the discharge, and of a more natural character, and the examination of the affected part by the finger was much less painful. This was repeated from time to time for three months, when she left Edinburgh for her own home. About a year after, she returned, complaining that she was not yet cured, and proposed a consultation with another practitioner, who, after a careful digital examination, recommended incision of the os. To this she would not consent, and perhaps fortunately, for she was then nearly a month pregnant, and in due time was delivered of a very fine child, since which her health has been good, and her local symptoms have disappeared. I may add, that the last time she was in Edinburgh, —I mean at the time when she was a month pregnant,—the anteversion was as considerable as it had ever been; and except that she voided urine more frequently than natural, I am not aware that she suffered in any degree from the displacement.

This is a fair sample of a large number of cases, in which the treatment is neither severe nor protracted, and the result is very successful. The probability is, that the displacement and diseased condition of the mucous membrane have existed long before marriage, but have been aggravated by it. In such cases, so far as my experience goes, dilatation by bougies, and the application of the solid nitrate, effect a cure, are not liable to produce any dangerous or severe symptoms. In this respect the latter is much preferable to an injection of the solution—not a few disastrous results having followed the escape of the injection into the peritoneal cavity.

II. Another class of cases occurs similar to that now reported, but without a displacement of the womb. (By this term I mean flexion of the womb on itself, of so decided a character, that turn or twist it how you may with the uterine bougie it always reverts to the same mal-position, which is certainly not the case with many of what are called dislocations of the womb.)

The essential nature of this class appears to me to consist in marked constriction of the os internum, with ulceration of the lining membrane above the constriction and this ulcer often accompanied with induration of its base, and of part of the neighboring tissue. Whether the constriction precedes the ulceration or the reverse I do not pretend to say; but I have no doubt that ulcer increases the constriction, and that the removal of the former is essential to the cure. For this purpose I invariably dilate the os externum and internum and the cavity of the cervix, and apply the solid nitrate of silver very freely to the ulcerated or diseased surface, and with the best results, by which I mean removal of the local and general symptoms complained of by the patient, and, in time, of the sterility—I say in time, for in most cases impregnation does not occur for some time after the apparent cure.

I may mention that this constricted and ulcerated state of the lower part of the uterus produces two effects, which are calculated to mislead, and do very often mislead, practitioners. It induces a hypertrophied condition of the body, and a considerable enlargement of the cavity of the uterus: and till I was satisfied of this by a (comparatively) frequent occurrence of such cases I was inclined to regard, and did in reality often regard them as cases of hypertrophy, and so employed a treatment that not only failed of its anticipated effect, but weakened the patient, and greatly increased the local symptoms as well as reduced the general health. I am quite confident that no amount of depletion, either by leeches or scarification, and that no local application of ointment will remove the constriction and ulceration, though they may for a time relieve the congestion, heat, and irritation that generally accompany them, but which soon disappear without weakening treatment when their cause has been removed; and while I cannot help insisting that the repeated application of leeches in the treatment of uterine disease is very rarely necessary, I cannot help also declaring that I have known many cases in which the health of the patient has been seriously impaired, and life even compromised, by such treatment.

Any practitioner who has seen much of uterine disease may verify what I have said in regard to ulceration *within the womb*, by what he observes through the speculum in those cases where the ulceration is on the vaginal portion of the os externum. A patient with anxious, weary expression of countenance, and complaining of the ordinary local and general symptoms of leucorrhœa from ulceration, comes to consult us. On examination, we find the expected ulceration or abrasion, and some congestion. We apply the solid nitrate from time to time till the ulcer cicatrizes. We do not deplete nor mercurialize—in short, we do not weaken the patient. She recovers her health, her anxious expression vanishes, and in course of no long time she becomes pregnant. This, which we do see, as occurring at the *os externum*, occurs still more frequently at the *os internum* where we cannot see it, and precisely the same treatment is applicable the to one as to the other, with this addition, that before we can apply the nitrate of silver in the latter case we must dilate, and with this difference, that while the former or external species of ulceration almost invariably occurs in those who have had one or more children, the latter or internal, almost as invariably is found in virgins and those who have had none.

The following is one of many illustrating this form of the disease :—

Mrs. A——— has been married for nine months, when she had what was supposed to be a miscarriage; but from the menstruation, though for several months very scanty, having never been entirely suspended, and from a minute examination of the os and cervix uteri, I was quite satisfied that she had never been pregnant. When she first consulted me, she believed herself again at about the end of the third month of pregnancy; and as I was unwilling to incur the charge of having induced abortion, I contented myself with making a superficial examination, and waiting till time should put it beyond question one way or the other. She had however been regularly, though very scantily, menstruating, and though after a time she increased in size, and her mammæ (not the areola) enlarged and she had morning sickness, and many other of the signs and symptoms of pregnancy, I was quite confident that she was not pregnant. Still she and her friends deprecated interference, and she went on until she reached the (supposed) seventh month. At this time I was desirous to begin the treatment that I thought likely to remove both the disease and the sterility, and requested the opinion of a professional friend, who agreed with me as to the non-pregnancy. I then examined with a bougie, and found marked constriction at the os ternum, and very acute pain, produced by the passage of the ugie—pain described as being similar to that produced by the trusion of a small clot of blood during the menstrual period

The leucorrhœa was intra-uterine, and in considerable quantity about midway between the two periods.

The treatment (local) consisted in dilatation of the passage as far as the cavity of the body of the womb; and in affecting this, I remarked what is, I believe very common in such cases, that after passing the constriction at the internal os the bougie reaches a cavity of much larger dimensions than natural, in which it can be moved about with freedom, and yet containing no polypus or tumor; and with its walls slightly increased in thickness, as if the effort to expel the clots at the menstrual period through the narrow neck had given rise to this form of hypertrophy with dilation, as is seen in the case of the heart. The dilatation was followed by the application of the solid nitrate of silver to the diseased part, and this was repeated till all tenderness was gone. Complete relief from pain during the menstrual period was the consequence, and utimately the patient become pregnant. She has since her delivery (which took place at the full time) enjoyed perfect health.

It were easy to detail many such cases, but they are all more or less alike.

III. Another cause of sterility is a diseased state of the lining membrane of the cavity of the uterus, not necessarily (though not unfrequently) accompanied by the constricted and ulcerated state of the cervix referred to in the preceding section.

The chief symptoms of this is the persistent continuance of uterine leucorrhœa in very considerable quantity, attended by the usual weakness, discomfort, irritability, and despondency, observed in most affections of the womb. The patient feels better at, and immediately before and after, the menstrual period, but feels all her ills heavy on her in the intermediate time.

In these cases the whole or greater part of the lining membrane of the womb is diseased. It is quite possible that the seminal fluid may pass into the womb, so as to come in contact with the ovum (impregnated), when it reaches the womb does not find a healthy point of contact and that therefore it passes through and perishes. In short, there is frequent impregnation, and as frequent destruction of the ovum. The object in view, therefore, is to restore a healthy state of the mucous membrane, and thus at the same time remove the disease and the sterility. The process of treatment is similar to that for the previous class of cases, with this difference, that the cavity of the body of the womb requires to be cauterized. This should be done at the end of the first week after the menstrual period, and repeated once a month till a healthy state and action are induced.

It is possible that the treatment of this class of cases may be conducted on different principles with success; but to me the plan mentioned seems the most simple, direct and successful, and it has this great recommendation, that it is quite as safe to apply the caustic to the inside as to the outside of the womb. I have said nothing of the general treatment; but though very important, there is nothing in it very different from what has been long and is every day pursued.

Mrs. M——— had been married for several years, and had enjoyed good health till her marriage. From that event she dated her complaints, all of which pointed to the uterine system. In this case the prominent symptoms was the uterine leucorrhœa between the menstrual periods, commencing a few days after the disappearance of the menstrual fluid, and continuing generally for ten days. She was comparatively well just before and after the menses, but when the white discharge appeared, she felt there was something wrong,—something that weakened and reduced her; and though she had undergone treatment of various kinds for it, the disease still persisted. On examination I could detect lateral displacement of the uterus, but no constriction. The body of the womb, however, was tender to the touch, and the bougie, when fully introduced, occasioned unusual pain. It appeared to me that the disease in this case lay in the cavity of the body; that the lining membrane was affected over a considerable surface; and that the treatment should consist in very free and repeated caustication of the whole mucous membrane. Having dilated the cervix with a sponge tent, I did so, and with a very gratifying result. The body of the womb became gradually less tender, the leucorrhœa discharge diminished, and lost its muco-purulent character; the vagina, which was tender from the acrid character of the discharge, became smooth and soft; the back lost its weakness; the general health became restored; and ultimately pregnancy supervened, with a favorable result.

In conclusion, I may add, that in connexion with this mode of treatment, there is a class of miscarriages in which this cauterization of the internal surface of the uterus is very successful—I mean, those in which an abortion has occurred between the second and third month, followed by general weakness, from which the patient does not recover, and the other uterine symptoms already detailed, and where a second pregnancy seems impossible. In these cases, examination with the uterine bougie generally communicates the feeling of its coming in contact with a rough, somewhat hard, uneven surface.—*London Lancet.*

Foreign Correspondence of the N. H. Journal of Medicine.

Berlin, August 1, 1855.

Messrs. Editors:—If there is any one thing of which the medical centres of Europe can boast preeminently, it is the means afforded for acquiring a knowledge of the sciences, which though not necessarily embraced in a medical course, ought at least to receive some attention from the student of our profession. There is no point in which our physicians are so remiss as this. It is rare that you find a medical man of any claims in Germany and indeed in Europe, who is not able to become the arbiter upon any ordinary scientific question which may arise in the course of his practice, and his intimate acquaintance with Latin, French and very often English, enables him to command the whole medical literature of the continent, and to learn of every new scientific discovery at the earliest day. You will find him also able to analyze the water of a well, or a farmers soil, to give evidence at an inquest upon toxicological points, to test the purity of drugs, and to take advantage of the medical botany of his country. I am sure that such qualifications are seldom found in America, and that the medical profession does not stand so high in public estimation in consequence. Were they professed by all, quackery would no more flourish there than here, and this country is certainly free enough from it. Here the profession is esteemed by all; the government is peculiarly favorable to it because it never meddles with politics, and the people are satified to leave their health to the care of men so learned in their profession and so assiduous in their studies.

When the term of student life with us is lengthened and the requirements for graduating doubled, our physicians will, as a mass, hold the same place in the community, and the necessity of studying in Europe be not so great as now. With the exception of the chair of comparative anatomy at Charleston, S. C., the Hersey Professorship at Cambridge, the Chandler, Lawrence and a few other scientific schools, I know of but few means, open to an American physician desiring to embellish his mind by a study of the collateral sciences.

I did not mean to preface this letter at such length, but the readers of the Journal will, I know, excuse an allusion to this important subject.

Among the collateral means of study here, the anatomical museum is first. It is in the university building, originally a palace. Though without a descriptive catalogue, its excellent arrangement makes up for this deficiency in great part. It is not so rich as the English Hunterian museum, yet one of the first in Europe. The specimens illustrating comparative Anatomy are very numerous, and the gigantic monsters of preadmite earth which fill one hall are among the most perfect yet discovered. A laboratory is attached to this department and lectures of Professors Remak, Peters, Ehrenberg and Muller and others, give the student a comprehensive view of the whole. The subject of human anatomy is also excellently represented; many of the injections being unusually fine. Some of the pathological specimens also are very valuable, those of hypetrophy and dropsies especially. I am almost tempted to mention a few of the best, but they must be seen to gain an idea of them. There is one skull which I remember as an example, more than a foot in diameter. It is that of a person who died of hydrocephalus. The surgical gallery is small but capitally arranged. There are divisions for disease of the bones and of joints, for fractures, luxations, clubbed-foot and hand, hernia, diseases of the sensitive organs, and cutaneous affections. The gem of this department is the collection of colored casts of syphilis. Every phase of this Protean disease is represented accurately. But what strikes the visitor to this collection particularly, is the vast number of monstrosities and lusus naturæ here collected. Here are double headed fœtusses, breasts joined like the Siamese twins, skeletons seven feet high, dwarfs, animals with three or four surplus legs, some with limbs growing upwards from the spinal column, birds with two heads and others having hoofs, others being a combination of bird and animal in the oddest proportions. It is an envious assemblage, though not without value, especially to the study of theoretical embriology. If any of our readers have seen Tenier's painting called the Temptation of St. Antony or a copy and have never visited this part of the Berlin Anatomical Museum, they can imagine the droll and whimsical specimens here contained.

The Natural History Museum is no less interesting. It comprises the Zoological collections at the University and in their Garden, the Royal Menagerie, the collection of minerals with the rich stones collected by Alexander Von Humboldt in Asia and South America, and the Botanical Garden. This last, with its thousands of exotics from all points of the earth, and its trees growing to the height of forty or fifty feet so far away from their natural soil, is rich indeed. Since the return of Mr. Lichtenstein. who was sent by the Prussian government, at the early part of this century, to reside in Southern Africa, and who brought back with him a vast collection of specimens pertaining to mineralogy. botany and zoology, the Berlin cabinets have no superior in Europe except the Jardines Plantes at Paris

The Medical department of the Royal and University Libraries here, are of great importance to the student. English books, owever, are scarce, compared with those of other nations and the rogress of the science is not shown in procuring the standards they are published. The reading room has all of the European. nd many American Medical publications, but is surrounded with many restrictions as to be difficult of access. Private Medical eading rooms, however, give the student ample facilities in the respect. Those of your readers who may have heard the lectures of the late Professor of Obstetrics in the Boston school, since his European tour, will remember his allusion to the curious relics of our profession in the Cabinets here. I have found a few in the collection of metallic wares from the buried cities of Italy. Here are probes, directors with scoops, spatulas, lancets, scalpels, a a packed medicine case with little brass boxes instead of bottles, and forceps like the English polypus forceps, but whose object can hardly be guessed. The sharp teeth upon the blades show the instrument to have had a very powerful grasp, whatever its use. In the Egyptian Museum also, there is a medicine chest filled with alabaster vials, supposed to have belonged to a monarch. Besides this, the embalmed specimens of men and of sacred animals, a human monster without brains or spine embalmed, the brass hooks and knives of sharpened flint, by which the brains of the dead were extracted through the nostrils, are all curious to the student of our profession.

The facilities for dissection in Berlin are good. In the winter season the students pay particular attention to that study. Subjects though by no means so cheap as in Prague and some other places, can usually be obtained for about three dollars a piece. The government of Prussia is neither very favorable nor unfavorable to this study, and the chief obstacle which the student encounters, is the existence of benevolent societies whose funds are appropriated to procure a burial for friendless persons who die in the hospitals.

I find one feature in the relations of our profession and the government here, which is very superior. The inquests are all under the charge of medical men, and not in the hands of coroners, ignorant, as ours often are, and perfectly incapable of conducting an autopsy, or determining correctly the causes of death.

Besides the medical department of the Royal University, there is the military surgical school here, similar to the Imperial school in Vienna, the Military College of Dublin, and those in France. The young men who propose to join the medical staff of the army, and who pledge themselves to act as military surgeons for at least seven years, are here educated free, and have their ordinary expenses paid by government. As a class, these men are by no means brilliant students, and the effect of this gratutious instruction is much the same as in providing scolarships in literary institutions. In all the hospitals, however, through the country, the posts of house physicians are assistants and occupied by members of the military staff, who are detailed round to these places in turn. Thus the whole body is kept practically acquainted with surgical diseases, and ready to change their places for active service in the army, whenever an emergency demands.

It is singular that the cost of medicines, medical books, and instruments in this country is not two thirds as much as with us, and the fees for Medical attendance and surgery bear the same relation to ours. A medical man rarely becomes rich here; unless he receives the patronage of noble families, or accomplishes some signal cures, a thousand dollars a year is a handsome income. The fee for ordinary professional visits is never more than fifty cents, even in the cities, except for the first visit which is seventy five, and for a night call which is double the usual price. The fee for consultation never exceeds two dollars, that for an ordinary midwifery case is from one and a half to four dollars, and never above seven.

The fees for surgical operations are as moderate. For cataract *never* above twelve dollars, extirpation of the eye the same, tracheotomy nine dollars, lithotomy thirty-five, amputation of thigh or humerus twelve, the reduction of dislocations four, the cæsarean section fifteen, for embryotomy seven, and for excision of the mamma twelve. These are the highest prices allowed; they are ordinarily about two-thirds, or one half as much. The fees are all established by law, as indeed is every thing connected with the profession. The term of study is fixed, and the qualifications for graduating. After graduating, a legal approval is necessary before one can practice, and this involves an examination; as often as he changes his location, the hygiene of the country is attended to and enactments made upon this subject; the studies and practice of apothecaries are regulated and under legal inspection. In fine, every thing which with us falls to the duty of local societies to establish and local authorities to recommend is here regulated by general laws which are the same in city or country, all over the kingdom. Our legal profession is certainly not more under law. and yet the medical man is much better off for these restrictions. All his claims are limited to his own abilities as a well read physician. He has no fear of brethren going astray and practising irregular systems, and he can always retain the confidence of the community which knows that it is free from quacks or imposters. Among rich families, in the towns and cities, it is a very common thing to have the family physician call a moment twice a week to inquire after their health and to anticipate any disease. At the end of the year, they receive presents for this service, besides the regular fees for professional visits. It is an xcellent custom, and serves to bind stronger and stronger the mutual friendship and confidence of physician and patient. In Prussia there is a minister of Religion, Education and Medical ffairs. The central medical Bureau has a Director and five Judges hese are among the most eminent of our profession in the country. There is also a deputation from the medical body having a direct and ten members. Besides this, each Province has its local court with its Judges, its Pharmaceutical Assessor, its Veterinary Assessor and other attaches. It is, in all, a splendid system and worthy of being followed in every country.

I found one custom of the middle ages, still existing here, which I had not expected. The barbers are yet to a certain degree barber surgeons. They are still called in to bleed a patient, to apply a leach or put on a cupping glass. I do not know but that they perform these offices well enough, but the mere idea of a physician leaving his patient to be bled a certain amount and taking no means to watch the effect of this abstraction, is ridiculous. The custom of connecting the surgical and shaving profession is not alone confined to Prussia. So late as the early part of this century, I forget the year, several English surgeons who had enlisted in the Swedish navy were dismissed from the service for refusing to *shave the crews.* You see nothing however of the striped pole here to indicate the white bandage and bloody wound as in England and with us. The symbol here is simply an oval plate of brass, a primitive shaving dish I imagine from its looks.

I find I shall hardly have room in this letter to speak of the diseases of the climate and a few other topics. I must leave these to another time. I trust that the remarks which I have made in regard to the condition of our profession here in Germany and the advantages for studying the collateral sciences, will have a value and interest to the readers of the Journal.

N. E. GAGE.

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Effects of Position in the Treatment of certain Gastric and Enteric affections. By Dr. COALE.

At a meeting of the "Boston Society for Medical Improvement," Dr. Coale remarked "that the late freqency of cholera morbus and other similar affections, had given him an opportunity of testing, to a considerable extent, the efficacy of a certain practice of his, based upon observation made some time since, but which he felt wanted confirmation before suggesting it generally. He is convinced, from actual experiment, that persons affected with irritability of the stomach are much less liable to vomit if they lie on the right side than when they recline in any other position—particularly on the left side. The explanation is evident. While lying on the righ side, any contraction of the stomach need not much affect its solid contents; but, when lying on the left side, the contents are in the neighborhood of the cardiac orifice, and any contraction of the organ will force them more or less through this opening into the œsophagus ; thus, the difference between the two cases will be a simple eructation in the first, and vomiting in the second. This, Dr. C. has now tested in very many cases: and by many experiments in some of them, varying the position to the increase or diminution of the nausea and vomiting. It may be urged in objection to the explanation, that a contraction of the stomach that would force the contents through the cardiac orifice, would produce vomiting at any rate. But the difference is this: the same amount of contraction which, when the patient lies on the right side, throws off gas merely, when he is on the other may force a small portion of solid or fluid matter into the œsophagus, when reflex action is at once excited and the whole stomach stimulated into action.

"In treatment of cases of flatulence, and of what is commonly called 'cramp colic,' Dr. C. has found reclining on the right side beneficial. It lessens the vomiting—as first said—a frequent attendant in these cases ; but, besides this, it gives a more ready escape to gas contained in the transverse colon. For example, suppose the trouble is a spasm, confining gas in the transverse or ascending colon, were the patient on the left side, and a relaxation of the spasm to occur, the gas is still kept behind the affected spot, for the distended intestine is not liable to take upon itself sufficient action to expel it. But, if the patient be on the right side, the gas then ascends and passes on to an unaffected part of the intestine, by which its escape is facilitated."—*American Quarterly Journal of Medical Science.*

On the Treatment of Inflamed Breasts of Nurses. By M. Reitzenbeck, of Prague.

The method here recommended is so simple, that no one need hesitate to adopt it, provided he is called in before the mischief has reached a certain degree of development.

It is well known that engorgements of the mammary glands are frequently caused by chapped nipple. The inflammation of the skin extends directly into the ducts, exudations take place by which some of these ducts are plugged up, the milk is pent in, and hence the engorgement. If now, in such a case, the breast be surrounded ith the hands, and pressure made in the direction of the nipple, a in, transparent, whitish vesicle, is caused, by the milk accumu- ting behind the closed orifices of the ducts. It is necessary then do this, and having done it, the next thing is to prick the vesi- le with a needle, to remove any epithelial scales which may be resent, and to apply the infant. If time has not been lost unnecessarily, the relief is most immediate, and pain and tumefactio disappear in a few minutes; but even when it is otherwise the relief is very marked, and by repeating the process a few times, the sufferer is relieved altogether.—*Gaz. Medicale de Paris*, and *Ibid.*

BOOK NOTICES.

Diseases of the Rectum. By W. BODENHAMER, M. D., Second Edition Illustrated by plates, and exemplified by numerous cases: New York Published for the author, by J. S. REDFIELD, 1855.

WE have received from D. B. Cook & Co., the above work, which is especially addressed to the non-medical reader.

The author professes to have cured upwards of seven hundred cases of fistula in ano during the last seventeen years without either the knife, the actual, or the potential cautery. We will not pretend to controvert the Doctor's statement. But if true we think his first duty should have been to publish to the profession of which he claims to be an honorable member, the principles on which his treatment is based, and the mode by which it is conducted to such a happy termination.

Among the causes of rectal disease the author mentions excessive purgation and tight lacing. The dangers from irregular habits so far as defecation is concerned, are dwelt on to some extent. The author justly remarks that "we are creatures of habit," and that there are many persons who, by their continued applications to the temple of Cloacina for relief in this respect, have finally obtained it permanently. In addition to this as a means of overcoming constipation, cold water enemata are strongly recommended together with exercise, a regulation of the diet and early rising.

About forty pages are devoted to the subject of hæmorrhoids. The whole work may conveniently be divided into two portions, one of which contains much useful and interesting matter that should be known to the public, the other is made up of letters from private individuals, and newspaper puffs, *a la* the medical almanacs and humbug pamphlets of the day.

The writer intimates that he treats complete anal fistula always by the ligature peculiarly applied. The details of his method, however, are not given, but are promised in a forthcoming work on these affections designed for the profession. J.

A Manual of Clinical Medicine and Physical Diagnosis. By T. H. TANNER, M. D., Licentiate of the Royal College of Physicians, &c., &c., to which is added the code of ethics of the American Medical Association; Philadelphia: Blanchard & Lea, 1855.

THIS little book is crowded to its utmost capacity with useful matter. Its object will be gathered from the preface.

"The following pages have been written with the intention of removing some of the difficulties which the student always—and the practitioner frequently—must encounter, while studying disease in its Protean forms at the bedside. Remembering my own impressions of bewilderment on beginning to "walk the hospital," I have honestly endeavored to simplify the task for others; and should this treatise be the means of doing so, I shall feel greatly rewarded for my exertions."

The work is especially designed for those just commencing practice, suggesting facts and principles already familiar, and thus aiding the memory.

We are glad to find that the publishers have bound with it the code of ethics of the American Medical Association.

J.

A Manual of Pathological Anatomy. By CARL ROKITANSKY, M. D., Curator of the Imperial Pathological Museum, and Professor at the University of Vienna, &c., &c. Volumes 1, 2, 3, & 4. Philadelphia: Blanchard & Lea, 1855.

THIS translation of Professor Rokitansky's celebrated work appeared under the auspices of the Sydenham Society. This fact of itself is a sufficient guaranty of the ability with which the task has been performed. The labor of the translation has been per- rmed by four gentlemen, each well qualified for the work.

From the editor's preface to the first volume we extract the fol- wing notice of the author:

"Charles Rokitansky, the founder of the German [it shoul ather have been called Austrian] medico-anatomical school, wa born at Koinigsgraetz, in Bohemia, was educated at the Gymnasium of Leitneritz, and graduated, at Vienna, in 1828. Shortly afterwards he was appoined Assistant in the pathologico-anatomical department of the University, and, in 1834, Professor of Pathological Anatomy. At the same time he was instituted Prosector at the General [united Civil and Military] Hospital at Vienna, and also sole medico-legal Anatomist for the examination of all doubtfnl cases of death throughout that metropolis.

The immense fund of materials thns placed at his disposal [the number of corpses dissected by him is summed up at 30,000] was almost entirely reserved for the elaboration of that grand work on pathological anatomy, which in the consciousness of having thoroughly mastered the subject, he gave to the world between the years 1842 and 1846; which has passed, *unaltered*, through three reimpressions; and which, under the auspices of the Sydenham Society, has been translated into the English language."

"In 1847, Rokitansky was appointed Dean of the Medical Faculty, and, in 1850, Rector of the University, of Vienna."

We cannot do justice to the author in the space and time allotted us for a book notice, but we wish to call attention to one or two points. In reference to cancer he says:

"The crasis which gives rise to the production of cancer, consists mainly in a preponderance of albumen, a defibrination (hypinosis), for the particulars of which we must refer to the doctrine of crasis. Concurrently with this we have, more especially in the medullary crasis, an excess of fat in the circulating fluid, which determinates a complication of cancer to be discussed in a more appropriate place; and, again, that remarkable relation of exclusiveness towards ordinary, fibrinous tubercle.

This crasis is essentially the same for all cancers, only exquisitely developed in the medullary form. This may be inferred, at least, from the frequent concurrence of various cancers species, in primative or consecutive combination, either in the same locality, or in different organs. It may also be inferred from the circumstances that, after extirpation, the one is replaced by the other under the same contingencies, and that, conforming with an augmentation of the crasis, the medullary cancer is generally the consecutive one, more especially where the substitution takes place rapidly.

The highest grades of cancer-crasis originate through infection, that is, through the reception into the lymphatics, or more especially into the bloodvessels, of cancer-cells, or of cancer-blastema, of a lax, soft, semi-fluid character. The blastema is carried thither by imbibition, partly in the mere act of nutrition, partly, with or without the cancer-cells, through the lymphatics of veins laid open by ulceration of the tumor, or lastly, by the cancer penetrating into the canals of bloodvessels. Injection thus brought about, occasions locally, or it may be remotely, both in large bloodvessels and in the capillaries, coagulations of blood. In the former case, these are cylindrical, branched, plug-like, or clavate coagula, adhearing to the internal bloodvessel membrane, or to the endocardium (vegetations). They reveal their cancerous nature by their external medullary characters, as well as by their vigorous growth. In the capillaries the coagulations assumes the form of the cancerous depot—so called metastasis (capillary phlebitis).

Cancer-formation assumes both the chronic and an acute course, the former being the more ordinary mode of occurrence for primitive cancer; whilst secondary cancer production is brought about with more and more rapidity in proportion as the cancers multiply. Ulceration and extripation of carcinoma are especially apt to determine its very acute secondary formation. Still there are instances of highly acute, primitive, general cancer production. Moreover, the individual species of cancer manifest marked differences in this respect, both the first development and the ulterior growth, for example, of fibrous cancer, being slow, whilst in the case of medullary cancer they are incomparably more rapid.

In primative cancers, the blastema is, in the great majority, insensibly produced. In acute cancer-formation it is thrown out under the symptoms of hyperæmia, and occasionally of inflammation. In the latter case, it often covers serious membranes with a stratiform cancer exudate, or infiltrates and hepatizes the lungs with cancerous tubercles. From what has been said, our opinion may be inferred respecting the seat of cancer, in opposition to that of Carswell and Cruvelhier, who refer its origin to the capillary system. But though in the ordinary process of cancer-formation we look upon the blastema as an exudate in its broadest sense, we by no means question the origin of cancer from coagulation within the bloodvessels after the type of depot-formation in general (see Metastasis). It is indeed to this mode of development that we would ascribe the rapid cancer-formation engendered, in brutes, by the injection of cancer-blastema.

We are further disposed—although from insolated facts only—to believe in cancer-formation, through a conversion of certain physiological elements into those of cancer. In the liver, namely we occasionally light upon a process, limited to circumscribed patches, of pallescence and alteration of the parenchyma, with some augmentation of its volume. Upon further examination, the portion of liver so affected is found to consist indubitably of hepatic cells, more or less bereft of their biliary and coloring matter, and of an intermediate, whitish, albuminous blestema,—though the hepatic cell had become seemingly transformed into the cell of medullary carcinoma.

It will be seen from the above extract that the author believes in the essential unity of cancers of different varieties, the differences being mainly in the intensity and rapidity with which the producing causes act. The belief is also expressed that certain physiological elements may be converted into cancerous elements. This is not in accordance with the generally received doctrines on this subject. The microscopic elements of medullary carcinoma are thus described :—

(*a.*) Consisting of granulated cells with a more or less distinct nucleus, and resembling pus-globules.

(*b.*) Consisting of smaller and greater, granulated, round, or angular, protuberant cells, more or less resembling the cells of tessellated epithelium, the hepatic cells, the ganglion globules, and provided with one or several nuclei.

(*c.*) Consisting of spindle-shaped and caudate, nucleated cells, fibre-cells, amongst which are many others, both spherical and oval.

(*d.*) Consisting of elliptical corpuscles of 1-100 to 1-50 of a millimetre in circumference, and furnished with one or two nucleoli. They have the significance of a (heteroplastic) transcendent development of cell nuclei.

(*e.*) Consisting of spherical or oval corpuscles corresponding in size and tendency with the cell nucleus.

(*f.*) Consisting of elementary granules down to the finest molecule-mass, with scanty nucleus formations in progress of development.

(*g.*) A further element concurrent with those specified at *b*, are pouch-like formations (see Metamorphosis of Blastema), and chiefly the parent-cell, which often constitutes a prominent element in medullary cancers. It forms here again the groundwork for the alveolar textural type of medullary cancer.

These elements occur predominantly, it may be, in the one or the other form but intermingled with others. Viewed with the naked eye, the elementary composition of a texure is, even to the well initiated, a matter rather of conjecture than of any certainty. The consistency and density of a texture may vary infinitely, being dependent upon the character of the intercellular substance. It is only where there is the appearance of fibrillation that we may perhaps infer a composition of spindle-shaped or caudate cells.

Differences more important affect the character of the intercellular substance, and of a stroma in which the elements adverted to lie imbedded. This stroma in which the elements themselves, which according to the laws of the cell theory, form into a fibrous skeleton work; or else it springs immediately out of a consolidated, amorphous, intercellular substance. Both together occasion, in medullary carcinoma, a special structure manifest to the naked eye, in the shape of a variously disposed fibrillation and lobulation, &c., the character of which so greatly modifies the consistency of the heterologous growth.

In this regard, we have the following forms, some more or less cognizable with the naked eye.

(*a.*) A medullary carcinoma, with an amorphous fluid, or semi-fluid, intercellular substance. The aforesaid elements vegetate in a thin or a thickish medullary juice. It is represented in the very lax, milky or cream-like *encephaloid* cancer.

(*b.*) A medullary carcinoma, with a solidified, amorphous, or else striated, indefinitely fibrous, intercellular substance, interspersed with roundish and fibro-elongated nuclei.

(*c.*) Medullary carcinoma, with a stroma consisting of fibre-cells (spindle-shaped, caudate) arising out of the developement of the elements of the medullary substance itself, with consumption of the intercellular substance, and condensation of the heterologous growth.

(*d.*) Medullary cancer with a delicate hyaline, structureless, or else an opaque, striated, membranous stroma, studded with elementary granules and nucleus formations, or fibrillated like areolar tissue; which stroma, at the same time, forms the ground-work for the vascularization of the alien growth. Its interspaces are filled with a loose, fluid medullary matter, and it is easily thrown into relief if the tumor be scraped, pressed, or simply steeped in water. In villous cancer this stroma appears developed into a main constitutent.

(*e.*) Medullary carcinoma with a more or less developed fibrous stroma, whose fibre-elements, upspringing from a solidified blastema, now resemble fibre-cellular tissue, now organic muscle-fibre. It represents either a scaffold-work or a stellate structure, the gaps being filled up with embryonic elements. Even with the naked eye it is discernible as denser striæ, disposed as aforesaid, and remarkable for their whiteness and their tendon-like lustre. This stroma has frequently the significance of fibrous cancer blended with medullary. It is, however, often enough an innocent fibroid growth, which may very possibly become the seat of so-called ossification (bony concretion). Hence the extraordinary phenomenon of medullary cancer becoming traversed by a concrete skeleton-work, in the midst even of soft parts.

The author speaks of the cure of cancer, "by the progressive destruction, necrosis and partial rejection of the tumor, or else by its more rapid death and expulsion, a circumscribing supuration isolating it from the healthy textures."

"Saponification" and "decadency" or "wasting of the tumor" are enumerated as terminations of the disease.

The author commences the chapter on blood disease by remarking that "humeral pathology is simply a requirement of common practical sense."

The anomalies of blastema constitute a favorite theme with Prof. R., and upon them he bases the doctrine of new formations both malignant and non malignant, exudations and outgrowths of whatever kind, are all referred to some peculiar crasis or special constitution of the blood. The pathological anatomist, however, can accomplish only half of the work of detecting these different crasis. To the chemical Pathologist we are under quite as strong obligations.

The second volume is translated by Dr. Edward Sieveking, whose labors in pathological anatomy are already familiar to the profession.

We have only room for a single quotation on the pathology of "Bright's disease."

We consider the nature of Bright's disease to consist in an inflammatory process, which proceeds from a stage of hyperæmia to one of stasis, and then gives rise to a product, which is not only remarkable by its peculiar character, but which, in well-marked cases, by its excessive accumulation, causes a singlar alteration in the appearance and structure of the kidney. It commonly runs, as we have already stated, a chronic course, with occasional exacerbations, but it is sometimes acute. In the latter very important case, in which, from the tumultuous violence of the exudation, the product is mixed with a large amout of serum, and is generally reddened by the coloring matter of the blood, and in which the characteristic milky or creamy or coagulated substance of well-marked Bright's disease is not formed, we should be obliged to consider the condition as one of very acute simple inflammation of the kidneys, were it not that the characteristic general symptoms and the constitution of the urine established it as a case of Bright's disease.

The whitish or ashy, milky or creamy product, which may resemble albumen in its degrees of coagulation, and consists of solitary and accumulated molecules, or of a more or less globular fibrinous coagula and pus-corpuscles (Gluge), is an albuminofibrinous substance, with a predominance of albumen; the amount in which it occurs is proportioned to the amount of granular degeneration.

The product may, as in simple inflammation, be deposited at every point of the renal parenchyma external to the vessels, but we find it more particularly in the Malpighian bodies (glands), and subsequently in the urinary tubuli; the granulations of Bright's disease are therefore in reality the Malpighian corpuscles charged with the above-named substance. The more the latter accumulates, the more it interferes with the circulation, hence the peculiar pallor or anæmic condition of the organ.

The cause of peculiar character of the product is the more obscure, since the question is generally evaded. As the amount of reaction that takes place in the renal tissue does not suffice to explain it, we are led to seek the cause in an anomalous constitution of the blood, consisting in an excess of albumen, which may originate in a decomposition of the fibrine. This becomes the more probable, when we consider that the most frequent exciting cause (cold) appears peculiarly adapted to give rise rather to a change in the blood, than to a disease to the kidneys, and that the infiltration of the kidney, which we have examined as the eight form, is evidently developed as a sequel of the cachexiæ which we shall shortly investigate, and in complication with similar affections of other organs (liver, spleen). Although we might offer numerous observations on this connection, the real cause of the development of the renal disease from the crasis of the blood, which often takes place with such extreme rapidity, is to us an enigma. We look upon the anomolous condition of the blood in Bright's disease as the primary affection, which, from a peculiar relation to the kidneys, is followed by the secondary and visible disorganization of the renal tissue; this need not however always ensue; at all events it does not follow as rapidly as the structural disease of the kidney consequent upon the vegetative disturbance that causes diabates mellitus. By this means we explain how it happens that the two kidneys are generally attacked at the same time or at brief intervals. Graves is of opinion that the change of texture is induced by free acids of the urine (phosphoric and nitric acids) coagulating the albumen as it passes into the urinary tubuli.

The author seems to regard the albumen as pathognomonic of the disease, for he speaks of the liability to mistake the disease for very acute simple inflammation, were it not for the characteristic general symptoms and the constitution of the urine. He also speaks of the tendency to Bright's disease after scarlatina, and the cure by resolution.

We have not time to follow the author farther—at some future day we may refer to the second and third volumes.

The reputation of the author and the auspices under which it appears, renders it unnecessary for us to say one word in commendation of the work.

For sale by D. B. Cooke & Co., Chicago, Illinois. J.

EDITORIAL.

Notice.—We again repeat the request, that all letters and correspondence in relation to subscriptions or other business of the *Journal* should be addressed *exclusively* to "N. S. DAVIS, Chicago, Ill." This same direction was given the commencement of the present volume, and repeated in the *Journal* several times since, and yet we find some subscribers addressing the former Publishers, and afterwards complaining that their letters or remittances are not acknowledged. We hope this notice will be sufficient to correct the evil.

◆

Dr. Geo. Coatsworth.—The first article in the Original department of the October number of this *Journal* appeared without the name of the author. It should have been credited to Dr. Geo. Coatsworth, whose brief residence in this city was sufficient to make for him many friends both in and out of the Profession.

◆

Yellow Fever at Norfolk, Va.—We clip the following ni relation to those members of the profession who went to the aid of the suffering people of Norfolk, during the recent fatal epidemic from the *Daily Tribune*, of this city. It is no more than a just acknowledgement of the patriotism and philanthrophy of our profession:

HEROISM AT NORFOLK, VA.

Many a man who would plant a flag on a bastion, regardless of the winged messengers of death which fly thick and fast around him, dare not face it when it comes in the form of a pestilence. Yet they who brave disease, when the very air is full of poison, and contagion sweeps it from house to house, are the heroes of the day. None may compare with them! Not they, certainly, whose hands are red with blood of the battle-field, or who wear a crown wet with it.

The Southern *Argus*, a Norfolk journal, after a suspension of thirty-nine days, re-appears, and gives, in its first issue, a picture of the "doom and devastation of the plague." It raged for near three months. During this period, in an average population of six thousand, with few exceptions, every man, woman and child, was "striken with the fall fever," and about two thousand have been buried—"being not less than two out of three of the whites, and one out of three of the whole abiding community of Norfolk, white and black." Where else, or when before, has the pestilence smitten any community with a harsher doom? It is terrible to think on it.

Mr. Whitehead, acting Mayor, writes to the physicians who met the pestilence and did their duty, as follows:

"Had we not received material aid from abroad—had not the different portions of our country sent their heroic delegations of physicians, nurses and stalwart co-laborers—had not noble spirits volunteered to the rescue, (to die if need be, like Curtius, for Rome), our people must have sunk beneath the burthen of their agony. There was a period (about the first of September) when the evil seemed greater than we could bear. Corpses lay unburied—the sick unvisited—the dying unanealed. Our surviving physicians were either sickening or becoming exhausted, and our remaining population was panic-struck at the sight of accumulating horrors and duties. You who came to our relief were astounded at the unrealized state of things which you found here—an evil, the like of which you had never before witnessed. But nerving yourselves to the task, and telegraphing for reserves, you went resolutely forward with your science and its accompaniment, carrying aid where it was most needed, and infusing vigor into may hearts that would otherwise have soon ceased their painful throbbing."

The names of these physicians, the dead and the living, should be as household words—for they are heroes of whom the world should be proud. No nobler list of good men can any country's cord present.

We give first the names of those who escaped the pestilence:

Dr. W. Stone, New Orleans, Aug. 16, 1855; Dr. Thos. Penniston, ew Orleans, Aug. 17; Dr. Wm. H. Freeman, Philadelphia, Aug. —;

Rev. T. G. Keen, Petersburgh, Aug. 20; Dr. De Castro, Cuba, Aug 21; Dr. John F. Carter, Richmond, Aug. 23; Dr. John Morris, Baltimore, Aug. 24; Capt. Nathan Thompson, Philadelphia,' Aug. 24; Dr, A A Zeiglfuss, Philadelphia, Aug. 25; Dr. Jas. Mc'Fadden, Philadelphia, Aug. 26; Dr. Randall, Philadelphia, Aug. 25; Dr. J. T. Hargrove, Richmond, Aug. 25; Dr. E. D. Fenner, New Orleans, Aug. 25; Dr. C Beard, New Orleans, Aug. 25; Dr. E. J. Worl, Philadelphia, Aug. 25, Dr. St J. Ravsnel, S. C. Aug. 27; J. N. Crow, Richmond, Aug. 28; Dr. A. B. Williams, S. C. Aug. 28; Dr. Covert, S. C. Aug. 28; Dr. Rich, S. C. Aug. 28; Dr. J. Hitt, Georgia, Aug. 20; Dr. W. H. Hugar, S. C. Aug. 29; Dr. T. C. Skrine, S. C. Aug. 29; Dr. F. M. Garret, N. C. Aug. 26; A. M. Loryear, S. C. Aug. 29; A. R. Taber, S. C. Aug. 29; Dr. Bignon, Georgia. Aug. 29; Dr. Donaldson, Georgia, Aug. 29; A. J. Gibbs, Philadelphia, Aug. 30; Dr. Marsh, Philadelphia, Aug. 30; Dr. E. C. Steele, S. C. Aug. 20; W. Porcher Miles, S., C. Aug. 30; Dr. Campbell, New Orleans, Aug. 30; D. I. Ricardo, New Orleans, Aug. 30; Dr. J. B. Read, Georgia, Aug. 30; Dr. Godfrey, Georgia, Aug. 30; Dr. Skinner, Georgia, Aug. 30; Dr. Charson, Georgia, Aug. 30; Dr. Mc Farland, Georgia, Aug. 30; Dr. Nunn, Georgia, Aug. 30; Capt. Thos. J. Ivy, New Orleans, Aug. 30; E. E. Jackson, S. C. Aug. 30; Dr. Williams, D. C. Aug. 31; Dr. G. S. West, N. Y. Aug. 31 ; Dr. J. B. Holmes, S. C. Aug. 31; Judge Olin, Georgia, Sept. 1; John Tallaferro, Georgia, Sept. 1; Dr. Freer, N. Y. Sept. 1; Franklin H. Clark, New Orleans, Sept. 5; Dr. Robinson, N. Y. Sept. 3; Dr. R. M. Miller, Mobile, Sept. 3; Wm. Ballantyne, Mobile, Sept. 3; W. B. Thompson. Georgia, Sept. 6; Dr. Baker, Key West, Sept. 7 ; W. T. Waithall, Mobile, Sept. 7; Dr. Flournoy, Arkansas, Sept. 8; Dr. R. R. McKay, Georgia Sept. 9; Dr. A. B. Campbell, Philadelphia, Sept. 9; Dr, Wilson, Cuba, September 11 ; William C. Miller, Mobile, September 12; William N. Ghiselin, New Orleans, September 12 ; Mr. Rucker, Montgomery, Ala. Sept. 13; Mr. Clows Montgomery, Ala. Sept. 13; Dr. Fredricks, N. Y. Sept. 14. Dr. John Vaughan, London, Sept. 17; Dr. McFarlane, N. Orleans, Sept. 18; A. H. Jennet, Mobile, Sept. 18.

Those who fell—the blessed martyrs—are :

Dr. Leon Gilbert, dead, Richmond, Aug. 22; Dr. P. C. Gooch, dead, Richmond, Aug. 22; Dr. Walter, dead, Baltimore, Aug. 23; Dr. Robert Thompson, dead, Baltimore, Aug. 24; Dr. T. H. Craycroft, dead Philadelphia, Aug. 24; Dr. Fliess, dead, Baltimore, Aug. 24; Dr. T. Booth, dead Baltimore, Aug. 25; Dr. Howe, dead, Baltimore, Aug. 25; Dr. Howle, dead, Richmond, Aug. 25; Dr. T. P. McDowell, dead, Richmond, Aug. 25; Dr. T. Mierson, dead, Philadelphia, Aug. 26; Dr. Richard Blow, dead, Sussex, Vt. Aug. 28; Dr. Thomas, W. Handy, dead, Philadelphia, Aug. 26; Dr. C. A. Smith, Pa. Aug. 30; Dr. Jackson, dead, D. C. Aug. 31; Dr. Dabereshe, dead, D. C. Aug. 31; Dr. Schell, dead, N. Y. Aug. 31; Dr. Obermuller, -dead, Ga. Sept. 5; Dr. R. B. Berry, dead, Tennessee, Sept. 8; Dr. Dillard, dead, Montgomery, Ala. Sept. 18; Dr. Capry, dead, N. Y. Sept. 14.

The Medical Department of the University of Michigan and the Peninsular Journal, again.—Naturalists tell us that there is a species of fish, which possesses the faculty, when pursued by an enemy, of ejecting a considerable quantity of a black fluid for the purpose of coloring the water and thereby hiding itself from its pursuer.

There is a class of writers who always remind us of this fish. If they engage in controversy, instead of proceeding directly to a discussion of the question involved, they are continually endeavoring to render the *waters* turbid; in other words, constantly hideing themselves or their real positions behind a mass of mere verbiage about side-issues and personal matters. One of the most common methods of doing this, is to make frequent professions of courtesy, of great forbearance, of being *compelled* to do thus and so; while their opponents are studiously represented as not only destitute of all these qualities, but wantonly unfair and ferocious in their assaults. By pursuing such a course the controversialist not merely aims to obscure his own positions but also to win for himself, as an *accused* party, the *sympathy* of his readers. We have been forcibly reminded of these thoughts by an editorial in the October number of the *Peninsular Journal of Medicine*. Our readers will remember that a paragraph in the May number of this Journal, called out an editorial in the July number of the *Peninsular Journal*, to which we replied in our September number. The simple question at issue was, whether the Medical Department of the University of Michigan was actually "*so far in advance of almost every other school in the country, in the cause of reform,*" *pointed out* in Dr. Cabell's report on medical education, published in the *Transactions* of the American Medical Association? To enable our readers to determine that question for themselves, in our article in the September number, we expressly refused to reply to any personal allusions or side issues, and proceeded directly to quote Dr. Cabell's views in his own words, together with the previous recommendations of the Association to which he referred. We also quoted *verbatim*, the requirements of the Michigan School, as published in the last annual announcement, thereby enabling each reader to judge for himself concerning its *advances* and delinquencies.

In closing our article we alluded to a comparison, instituted between the Michigan School and the Rush Med. College; characterizing it as "unfair and uncalled for," at the same time quoting the part complained of, and adding the assertion, that "in the *position in which it was placed* by its author, it conveys the most glaring falsehoods." In reply to this, we have in the October number of the *Peninsular Journal*, *twelve* pages of what the editor, Dr. A. B. Palmer, calls a "defense." It commences with the usual professions of "editorial courtesy," of "fairness," of "forbearance even," and of the "greatest reluctance" on his own part; while he attributes to our humble self "such an array of unmanly evasions, untruthful statements, false accusations, and bitter bursts of feeling;" of having used "false and abusive language;" of being "under some strange infatuation—some *demon* of *passion*," of being his "unjust accuser—nay *his* bitter traducer;" and such a host of other similar expressions, that those of his own subscribers who read only his articles on the subject, would almost conclude that our editorial in the September number, had emanated from the very fountain of overflowing passion, and been written with a pen literally dipped in *gall* and *wormwood.*

If this style of writing is in accordance with the *taste*—the sense of propriety, of our amiable confrére of the *Peninsular Journal*, we will not dispute with him about it; but he shall continue to have the whole field, in that department, to himself.

And as he has found no "space," in the whole of his twelve pages, to make even the pretense of a reply to the facts we adduced in our former article, we will notice only a few additional items at this time. First, in regard to the main question at issue, the editor of the *Peninsular Journal* emphatically denies ever having claimed that the Michigan School had *fully* complied with *all* the requirements of the National Association.

He says, "now we repeat, as it is essential to be understood that the only issue we made was in relation to the specific measures in Dr. Cabell's report. We have never said that in *each minute particular* the University of Michigan had complied with the recommendations of the National Association, though in the greater matters it has." We hope he will remember this admission, and when he publishes in the next Annual Announcement that "the *peculiar* position" of the Michigan University "is such that it has been enabled *fully to comply* with the demands of the profession;" or in his next speech before the National Association, he speaks of it as "an institution which had sought to *comply* with the *recommendations* of that body;" and the founders of which, "sought in its organization to follow your (the Association's) directions," he will be careful to specify those "minute particulars" to which he alluded. Because there might be much difference of opinion about the relative *minuteness* of some of the items, such as the omission of clinical instruction, the failure to require personal attention to dissections for a reasonable time, the deduction of *one year* from the ordinary period of study, &c. At present, however, we will so far gratify the editor of the *Peninsular Journal*, as to limit our further comments to those "*greater matters*," concerning which he *now* claims that the University is "so far in advance of almost every other school in the country."

We will first quote them in his own words as follows:

"The great principles of a proper standard of preliminary education—a long term of lectures, with thorough daily examinations in connection; and a high standard of professional attainments requisite to graduation. The University of Michigan *does profess* in these *great matters*, to have taken a step *in advance* of the other schools." Here we certainly have a distinct claim to superiority set up in behalf of that school, in regard to four well defined items, viz.; a high standard of professional attainments; thorough daily examinations; a long term of lectures; and a proper standard of preliminary education. Is this claim well founded? Is there no "*baseless pretention*," lurking in it? We would like to have the editor of the *Peninsular Journal*, specify in what respect the University of Michigan requires of its candidates for graduation, a *higher* standard of *professional* attainments than the other medical schools. Does the Faculty of that school require of its candidates a knowledge of any branch of

Medical Science not required by other medical schools? Certainly not, but on the contrary it wholly omits the important departments of clinical medicine and surgery, which very many of the other schools require Does the Faculty of that school require of its candidates a longer period of medical study than other schools? So far from this, it allows a part of them to deduct *one third* from the usual period of study required by every other institution with which we are acquainted. Is it not plain then, that the University of Michigan, instead of having "taken a *step in advance* of the other schools" in regard to a higher standard of professional attainments, has actually retrograded both by narrowing the *field* of attainments and shortening the *time* required for its cultivation?

The claim set up to superiority in the matter of "daily examinations," rests on an equally slender foundation. The practice of making such examinations, and making them thoroughly, too, is neither new to the medical colleges of our country, nor by any means peculiar to the University of Michigan. Full *twenty* years ago, when Dr. Palmer and myself were both attending the same Medical College, the different members of the Faculty practiced as thorough daily examinations, as have ever been practiced by our neighbors in Michigan. And the same has been done in a large portion of the medical colleges in this country from that time to the present. When in our former article it was stated that all the members of the Faculty of Rush Medical College made it a rule to practice daily examinations of their classes, the word *rule* was used, not, as represented by Dr. Palmer, for purposes of *evasion*, but simply to express a fact. The rule is to examine daily; but sometimes when one subject requires several lectures for its full consideration, the examinations are deferred until the subject is completed and then time enough is devoted to review the whole by one examination.

In some of the best colleges in the country, the different members of the Faculty, instead of questioning the class daily on the subject of the lecture which has preceded, set apart one or two hours each week which they devote exclusively to thorough and systematic examinations.

Such has been the case in the college of physicians and surgeons of New York. For the editor of the *Peninsular Journal* to dignify these daily examinations with a place among the "*greater matters*" pertaining to "medical reform," and then to assume that himself and colleagues in the University of Michigan attend to them so much more thoroughly than all other medical teachers as to constitute a "step in advance," is not what we will call *arrogance*; for that would probably "*astonish*" him again beyond measure. But we will leave each reader to choose for it a term to suit himself. The next *great* matter concerning which the University of Michigan claims to have taken "a step in advance of the other schools," is the adoption of a *long* lecture term; extending to a little more than six months of the year. But, as we stated in our former number, even this is not really a "*step in advance*" of all the other schools in the country, either in regard to the time of its adoption, or its absolute length. Several years before the medical department of the University of Michigan had an existence, the medical department of the University of Virginia adopted a lecture *term* embracing *nine* months of the year, and has continued it up to the present time. So did the University of Pensylvannia and the College of Physicians and Surgeons of New York, adopt a lengthened lecture term [the one six, and the other five months], before the Michigan School possessed an active existence. So far then from having taken a step in advance, the latter school by adopting a long lecture term, has only *followed* in the footsteps of some of the oldest medical colleges on this side of the Atlantic. We would not detract in the least from any credit which is justly due our Michigan friends, for having adopted a long lecture term. It was only their boast of being "so far in advance of almost every other in the country," that we objected to as groundless.

Since the claim to being a step in advance of the other schools n this respect has been repeated with so much emphasis by the ditor of the *Peninsular Journal*, it may be well to enquire riefly, whether the lengthened term itself has been used in uch a manner as to accomplish the important purposes for which a long term was demanded by the profession. The great leadin purpose for which a longer lecture term was required, was, that the Faculties connected with the several medical schools, might so enlarge the curriculum of medical studies as to embrace more fully the important departments of General, Microscopic and Practical Anatomy, together with Clinical Medicine and Surgery. Instead, however, of devoting their lengthened term to the accomplishment of these important objects, our Michigan cotemporaries, have simply used the additional time to drill their candidates for graduation, once in from two to four weeks, in the ordinary grammar school exercise of writing and reading compositions. How far the profession generally will regard this as a step in advance, we will not pretend to decide.

The *fourth* and last of the "great matters," concerning which the Michigan University claims to have taken a step in advance of the other schools, consists in the requirement of "a proper standard of preliminary attainments." This indeed, may be regarded as the chief theme of their boasting and pride. It was *the topic* on which Dr. Cabell, in his report made allusion to the University. And certainly so far as they actually require any just standard of *preliminary education*, we will most cheerfully give them all due credit and honor. For when Dr. Palmer says in his last article that we have "*now ignored*," i. e., repudiated the importance, of this subject he makes an assertion without the shadow of a foundation. So far from this, in our article in the September number, we quoted fully all the requirements they have on the subject, and also enumerated it as almost the only item they had left on which to found a claim to advancement beyond other schools. But what is the exact position of the University of Michigan on this subject; and to how much credit are they entitled therefor? Their last Annual Announcement says: "each candidate for admission must be provided with satisfactory evidence of good moral character; and if a candidate for graduation, 'also of such literary attainments as have been recommended by the American Medical Association.' This, though rather indefinite is good as far as it goes; but in the same Announcement and almost in the same paragraph we have the following, viz.: "To encourage a higher grade of *preliminary acquirement*, an allowance of *one year* from the term of study is made in favor of graduates of the Colleges of Science and Arts, and of other respectable literary colleges." The inconsistency of these provisions is very obvious. If the first is in good faith designed to secure on the part of all, an adequate amount of preliminary attainments, such as has been recommended by the National Organization, then the offer made in the second to deduct *one third* from the already restricted period of medical study "*to encourage*" the same thing, is entirely uncalled for, and highly mischievous in its tendency. How much credit should be awarded to them for taking "a step in advance" on the subject of preliminary education, while they allow so large a deduction from the regular course of study, we leave for the profession generally to decide. That part of our former article which seems to have given our friend, the editor of the *Peninsular Journal*, the greatest offense was in relation to his comparison between the requirements of the Michigan school and Rush Medical College. We alledged that his comparison was *unfair*, and that a portion of the language used, "in the position in which it was placed by its author, conveyed the most glaring falsehoods;" at the same time quoting in full the paragraph to which we alluded. This Dr. Palmer, styles an "outrageous accusation," and on the strength of it, tells his readers "that we have charged him in terms, of uttering the most glaring falsehoods." In making this allegation, the Doctor has done himself, as well as us, decided injustice. He would make his readers believe we had charged him with *wilful lying*; whereas, our distinct accusation was that of *unfairness*, which consisted in his having used language that "in the connection in which it was placed" would convey to the mind of the reader the most erroneous, or false impressions, or "*falsehoods*;" the latter word being used as strictly synonymous with *errors*. But Dr Palmer, goes further and says "now our neighbor, in his eagerness to convict us of untruth, and give excuse for his original unfounded accusation, has most dishonorably, it seems to us, concealed the fact that we were speaking *exclusively* on the subject of preliminary education—has garbled our paragraph, leaving out the sentences which so clearly show quoting only a part, which, taken out of connection seems to m a different thing." Here is a distinct claim that in the comparison, of which the paragraph we quoted was a part, he was speaking exclusively on the subject of preliminary education; and in another place he adds: "all that bears upon that subject we did mention—beyond that we did not pretend to go."

That our readers may judge concerning the *truth* of this last assertion, together with the extent of our previous "concealment" and "garbling," we will quote the whole of the original comparison alluded to. And here it is:

"The first reform urged in Dr. C.'s report, is the exacting of a higher standard of preliminary education of medical students.

"*On this point*, Rush Medical College exacts nothing of one who joins their class, but the registration of his or her name, and the payment of the ticket fees, if he or she attends the lectures. *That institution admits to the graduating class all who have studied the usual time, attended two courses of lectures of sixteen weeks, and who write and hand in a single thesis, which is seldom, perhaps, read—never by the student before the faculty or class.*"

"The University of Michigan feels at present under obligation to admit to the *lectures* all who possess a good moral character, and pay the matriculation fee of ten dollars. Those however who are admitted as candidates for *graduation*, must present themselves at the *commencement* of their second course of lectures, or after four years of reputable practice—show that they have studied medicine the proper length of time—must either present clear evidence, by certificates from competent sources, that they have 'a good English education, a knowledge of natural philosophy, and the elementary mathematical sciences, including Geometry and Algebra, and such an acquaintance, at least, with ancient languages s will enable the student to appreciate the technical languages f medicine and read and write prescriptions;' or in case such evi-ence is not furnished, the candidate must submit to an examina-ion on preliminary education by a committee of the faculty. The andidates for graduation must also at the beginning of the term ass a satisfactory examination in Anatomy, Chemistry, Physiology, nd Materia Medica, and once in from two to four weeks during e entire term, must present to the Faculty, and read and fend before them and such of the class as choose to attend, a esis on some medical subject, as well as present a final thesis, pon which they must pass a public and rigid examination, usually om half an hour to an hour or more in length. In all these itten exercises, originality of composition, clearness of language d doctrine, and precision of thought are requisite, and imper-tions are pointed out and commented upon. This ordeal of writing and public reading is a more thorough test of 'preliminary education' than can well otherwise be afforded."

The lines in italics, constitute the part which we quoted in our former article. Every reader will see that they constitute a complete independent sentence; the meaning of which is in no degree modified by any thing that precedes or follows it. Hence in quoting it, we neither "concealed" nor "garbled" anything whatever. It is true we omitted the heading of "preliminary education," and thereby, Dr. Palmer says, "we concealed the fact that the comparison related 'exclusively' to that subject; as though the *heading* or title must necessarily fix and limit the character of all that followed." To set up the claim that in the comparison above quoted, he mentined "all that bears on" the subject of preliminary education, and nothing "beyond that," is surely the weakest of all pretexts. Will he tell us what *bearing* the payment of the "ticket fees," the "usual time" of medical study, the number and length of the courses of lectures, the *time* of previous practice, and the time of making the examinations in Anatomy, Chemistry, &c., have on the subject of preliminary education?

They are all topics occupying a prominent position in his comparison; and when he so blusteringly attempts to convict us of garbling and dishonest concealment, by claiming that he wrote *nothing beyond* what related to preliminary education, we think the "utter astonishment" which he speaks of in the commencement of his article must have seriously confused his ideas. But we are bestowing more time and ink on the article of our cotemporary than its merits deserve; and hence will not stop to notice severa
unfair and erroneous statements. Being entirely willing to l
the candid reader judge whether an institution, "placed by t
munificence of the State," entirely above want, can justly p
claim itself, "in all the *greater matters*," a step in *advanc*
the other Colleges, while it omits entirely from its requirem
all attention to Clinical Medicine and Surgery, and in some ca
permits the deduction of one whole year from the usual peri
medical study.

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ART. I.—*Introductory Lecture, at the opening of the thirteenth Annual Session of Rush Medical College, Nov. 5th,* 1855.—By Daniel Brainard, M. D. Professor of Surgery and President of the College.

Gentlemen of the Medical Class:

The present occasion seems to constitute an epoch in the history of the Medical College of Chicago, in which, it will I hope, be considered not out of place to pass in review the past history of the Institution, take a survey of its present condition, and cast a glance at its prospects for the future.

It is now eleven years since, on the occasion of the finishing of our first building, I addressed the medical class and the public, at the opening of the second annual course of lectures, and I well emember, thinking myself called upon at that time to enter into n enumeration of the reasons which had induced me in connection with my colleagues and friends, to attempt the building up of a Medical Institution in this city; for sanguine as were the hopes at that time, oncerning the prospects of this city, it is not to be denied that many ersons here regarded the attempt as premature; and abroad we have eason to know that the undertaking was looked upon as chimerical, kely to end in failure; and if successful, destined to add another to the number of medical schools, already too great, in which neither competent teachers nor suitable means of instruction were to be found. In order to correct and counteract these opinions, I entered on the occasion referred to, into an elaborate enumeration of reasons deemed suitable to justify the undertaking. The growth of the city, and its certain prospect of becoming the metropolis of a large section of country, the fertility of the country itself, and the certainty of its being soon filled with a dense population, the probability of securing the services of competent, scientific men as teachers, and of procuring suitable apparatus, and means of illustrating the lectures on the various branches, together with the certainty that the city would afford, in hospitals to be established. sufficient means of clinical instruction—such were the topics to which I endeavored to direct the attention of the audience.

It is probable that this attempt met with but very partial success, and that many went away as they came, incredulous in regard to the feasibility of an enterprise, of which indeed, time alone could determine the practicability and the wisdom.

The lapse of twelve years, has shown the entire feasibility or the impracticability of many a cherished scheme—no one at this day can pretend to have foreseen what has happened in this city and the surrounding country, yet in regard to this undertaking we may now safely say, that time has demonstrated the soundness of the reasons on which it was based, vindicated the prudence of those who originated it, and shown abundantly, that to hold a position of honor and usefulness, it had need only to keep pace with the growth of our city and of the State.

The first idea of the establishment of a medical college in Chicago, dates as far back as 1836. In the autumn of that year in connection with the late J. C. Goodhue, of Rockford in this State, then a resident of this city, I drew up the act of incorporation of this college, and had it presented to the Legislature, at its session in Vandalia, the subsequent winter. Nearly all the innumerable applications for charters of every kind were at that period granted without hesitation, and this passed with the rest and was approved on the 2d of March, 1837. The application for a charter had been made in good faith, and with the full expectation of immediately organizing an institution under it; but the revulsion which took place in business in 1837, fell with blighting influence upon private and public enterprises alike, and some of those who, the year before, had the means and the disposition to aid and handsomely endow the institution, here found themselves without the means of supporting their own families.

The plan for the immediate organization of the institution was therefore dropped, and no action took place under the charter before the summer of 1843.

Early in the autumn of that year the Faculty of the college was organized by the appointment of four professors; professor Blaney held the chairs of Chemistry and Materia Medica, the late professor McLean, that of Theory and Practice of Medicine, Dr. M. L. Knapp, that of Obstetrics and Diseases of Women and Children, whilst that of Anatomy and Surgery were combined together and given myself. The fees for the entire course were, at that time, $60.

The session commenced on the 4th of December, 1843, and continued sixteen weeks. This was before the erection of any building, and the lectures were delivered in two small rooms, procured for the purpose, on Clark street. The number of students attendant upon this course, was twenty-two, and although there were several applicants for graduation, but a single degree was conferred. The first graduate of the institution, being William Butterfield, son of the late Hon. Justin Butterfield, of this city.

I have said that the undertaking was regarded by many at this ime as premature, and it may be added that the preparations for his first course of lectures were made, in haste, and very imperectly; and that the lectures of the institution were commenced ne year sooner than had been intended in consequence of a prospectus for a course of lectures at La Porte, Indiana, and another or a course at St. Charles, in this State, having been issued; it eing deemed not advisable to allow the schools organized at those oints, to possess the advantage of priority of organization.

During the summer of 1844, the building which we used from at time to the close of the last course of lectures, was erected, e site being the same which we now occupy. The cost of this building which was was about thirty-five hundred dollars, was defrayed partly by loans and part by subscriptions, and the remainder was made up by the faculty themselves. The lot on which the building was situated was a donation from several owners of property on the North side of the river.

The second annual course of lectures commenced under circumstances far more auspicious than the first. The building which had been erected was found convenient and suitable to the wants of the class. The course on the Institutes and Practice of Medicine was given by Dr. Austin Flint, of Buffalo, that on Obstetrics and the Disease of Women and Children, by Dr. Graham M. Fitch, of Logansport, Ind., Dr. Blaney gave the course on Chemistry and Pharmacy, Dr. McLean, having been transferred to the Chair of Materia Medica and Therapeutics, Dr. Herrick gave the lectures on Anatomy, although not formllay elected to that chair until the following year. The course on Surgery was given as at the present time. The number of students in attendance was forty-six, upon eleven of whom, the degree of Doctor of Medicine was conferred, at the close of the term.

It is but justice to say in regard to this, which may truly be considered as the first full course of lectures in the Institution, that the character of the teachers, and the thoroughness of their instruction, were such as to command for the Institution, the respect of the public and the profession.

It is probable that no course given in the college, since its establishment, has given more entire satisfaction, or been really more advantageous to the students. It was during this course that the college clinique was first put in successful operation.

In the summer of 1845, Dr. Fitch was transferred to the chair of Institutes and Practice of Medicine,—rendered vacant by the retirement of Dr. Flint—and Dr. John Evans, elected to the chair of Obstetrics, and Diseases of Women and Children, which he has occupied to the present time. Dr. Herrick was elected to the chair of Anatomy, the course on which had been given by him the preceding winter. In other respects the faculty remained unchanged. The number of students in attendance was fifty, and the number of graduates ten.

For the course of 1846-47, the faculty remained unchanged; the number of students in attendance was seventy—the number of graduates sixteen. During this course the students had, for the first time, the advantages of clinical instruction in a hospital, established by the public authorities.

For the session of 1847-48, there was no change in the faculty. The number of students in attendance was one hundred and forty—the number of graduates thirty-three.

During the session of 1848-49, the course on Principles and Practice of Medicine, was given by Thomas Spencer: Dr. Fitch, having resigned the chair. A new chair of Physiology and Pathology was erected, to which Dr. N. S. Davis was elected. The number of students in attendance was one hundred—the number of graduates nineteen.

For the course of 1849-50, no change took place in the faculty, except the transferance of Dr. Davis to the chair of Institutes and Practice of Medicine; rendered vacant by the resignation of Dr. Spencer, and thus organized the faculty has continued its labors, until the commencement of the present year, when Dr. Herrick was, at his own request, transferred to the chair of Physiology and Pathology, Dr. J. W. Freer, elected to the chair of Anatomy, and Dr. H A. Johnson, to that of Materia Medica and Therapeutics, rendered vacant by the resignation of Professor McLean.

The average number of students attending during the past five years, has been about one hundred and ten—of graduates about forty. The agregate number of students who have attended since the organization of the college, one thousand, one hundred and eight, and the alumni of the Institution number three hundred and eighteen, exclusive of honorary and ad-cundum degrees. *

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* NOTE.

1st	Course,	1843-44,	Students	22,	Graduates	1.
2d	do.	1844-45,	do.	46,	do.	11.
3d	do.	1845-46,	do.	50,	do.	10.
4th	do.	1846-47,	do.	70,	do.	16.
5th	do.	1847-48,	do.	140.	do.	33.
6th	do.	1848-49,	do.	100,	do.	19.
7th	do.	1849-50,	do.	104,	do.	42.

I have already said, that the preparations for the course of lectures for 1843 were made in great haste, and that the course was commenced sooner than was intended, on account of efforts which were made to establish schools in several neighboring villages. The late lamented Dr. Drake, who visited this city in the summer of 1844, expressed the opinion in a published letter, that Medical Schools ought to be located in the cities of Cincinnati, Louisville, St Louis, Chicago and Cleveland, in order to supply the wants of the West; and that the attempts to build up medical schools in small cities or in greater numbers than these, would be calculated to injure the profession. Coinciding fully in this view, it was thought advisable to organize the faculty of this Institution at the earliest practicable period.

Attempts were being made in the year 1843, to establish medical schools at St. Charles, and Jacksonville, in this State, and at La Porte, Indiana.

The effort at St. Charles entirely failed, and the students who had been assembled there, to the number of fifteen or twenty, dispersed; eight or ten of them came and attended the first course in this College. The school at Jacksonville was partially successful—several courses of lectures were given there, and in 1847 the class numbered nearly fifty students. The medical department was however closed soon after for want of sufficient encouragement.

The school at La Porte also attained a considerable degree of success. It was organized as early as 1842 or 1843, and on the failure of the effort to establish a school at St. Charles, the two Faculties were united at La Porte, and by the most untiring efforts, succeeded in drawing together a class of about a hundred

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8th Course,	1850-51,	Students	125,	Graduates	44.
th do.	1851-52,	do.	105,	do.	30.
h do.	1852 53,	do.	108,	do.	34.
h do.	1853-54,	do.	122,	do.	37.
h do.	1854-55,	do.	116,	do.	41.
			1118.		318.

students. This school, however, was also discontinued for want of support, in the year 1848.

Since then various efforts have been made to establish Medical Institutions at Indianapolis, Rock Island, Davenport, Keokuk and Evansville, which have either proved entire failures, or been, at best, but partially succssful; so that the prospect at the present time seems to be, for several years at least, that the Medical Schools of the North West will be restricted very nearly to the number indicated by Dr. Drake.

There is a subject which must not be omitted in the history of the College—not that it is intrinsically important but because it has been the subject of unjust animadversion upon the one hand, and of undue laudation upon the other. I allude to the reduction of Fees. This step was taken in the summer of 1849, and without entering into the details of the circumstances which led to the adoption of the measure at that particular time, it is sufficient to state here, that the fees of this College, after the reduction, were still higher than those of the Institution with which we were directly in competition, and that they are so at the present time. The Faculty of this College, while it has been progressive in what relates to science and its advancement, has been conservative in what relates to the honor and interest of the profession; yet while deploring the latitude which certain schools have permitted to themselves in many respects, we have not thought it incumbent on us to adopt a system of rigor in regard to fees, which would necessarily drive young men away from this, the natural seat and center of Medical Instruction in the North West, and thus build up schools in various country villages.

There may have been those among us, who allowed themselves for a moment to hope that placing Medical Schools under the patronage of the State, and making the institution free, while the courses were made more thorough, and the requirements for graduation much greater, would be the means of effecting that improvement in the profession, admitted on all hands to be so desirable. I confess myself to have been of the number who favored this view, but I have not the pretension to have learned nothing by experience, and to have always retained the same opinion. On the contrary the events of the last few years have been full of instruction for me, and the trial which has been made of this system in the state of Michigan, has convined me that, however imperfect medical schools may be, as commonly organized, those supported by the State, and controlled by public officers will not be less so, and that no improvement is to be expected from the State governments who are themselves unenlightened on the subject of medical instruction.

The result of our course in regard to fees, has been thus far extremely satisfactory. If our labors as teachers have not been liberally paid, neither have those of others, with few exceptions, who have attempted to build up medical schools, and while in other cities not more favorably situated than this, we have seen medical schools multiplying and some even established under the auspices of charlatans: in this region, they have diminished in numbers, and medical teaching has been more and more concentrated in this city.

I wish here particularly to call attention to the fact that the reduction of fees has not as was predicted been followed by an increase in the number of students. The largest class which has ever attended the lectures in this Institution was in the session of 1847 and '48, when there was a large and flourishing school in the neighborhood, and when the fees for the course were seventy dollars. This change is due mainly to the fact that the practice of drumming up students and enticing young men into medical colleges from the plough and mechanical pursuits, has in this vicinity been discontinued.

The building in which we are at present assembled, has been erected by the Faculty without aid from any source, and will cost when completed with the necessary fixtures about ten thousand dollars. The Faculty have not been desirous, even if their means had permitted it, of expending a large sum of money in the
tion of a more elegant and expensive building for mere show,
have contented themselves with one sufficient for the present
f our classes, in which every arrangement for the health and
ort of the student has been properly attended to.

will not I trust be expected of me, that I should speak of the comparative advantages which this college affords for attaining a good medical education—most of the professors are not unknown to you, and those who have recently been elected; although new to their present situations, are not by any means inexperienced as teachers, and I feel assured that I shall not be promising too much, when I say that we shall be able in all the several branches to afford you the means of sound and thorough instruction.

On the occasion of the dedication of our former building, I stated that it was the intention of those who had the direction of this Institution, to render it worthy of the city and the region of country in which it is placed. To do so, we are well aware that it must, in all essential particulars, be rendered fully equal to the best which exist in this country. From its first commencement until the present time, the faculty have never ceased to devote their best energies to raise it to a position of eminence, and to render it worthy of the respect and confidence of the profession, and of the community in which it is placed. We have not ceased *to* teach sound principles of Medical Science, whether or not they conflicted with the popular doctrines of the day, and I think it would not be claiming too much to assert that the public has been equally benefited, and the practice of the profession greatly improved by the dissemination of correct doctrines from that Institution.

The circumstances in which we have at times been placed, have been of a nature, well calculated to discourage and disheartin us. Medical schools are not in any part of the country in great favor with the multitude. No powerful societies with wealth and influ- nce rally to their support. Governments, who acknewledged their bligation to establish schools and colleges for instruction in other branches, are seldon found to extend aid, to medical institutions. Too often the laws throw obstacles in their way, yet notwithstand- ng all the difficulties we have proceeded from the beginning with steady purpose of endowing this city with an institution which hould be as permanent as her growth, and in all respects worthy f her greatness, and we are proud to say that in this undertak- ng we have been aided and cheered by the smiles and encourage- ment of those whose sympathy and good opinion we most highly value. Persons distinguished for their intelligence, their works of charity, their social virtues, and their wealth, have not ceased to give as the support of their good wishes, their advice, and in case of need of more substantial aid. But most of all have we been encouraged by this, that in spite of all the difficulties which surrounded us, numbers of young men about entering the profession have annually sought our halls for instruction. They have imbibed here a tone of science, an enthusiastic devotion to its pursuit, which in numerous instances have raised them to honorable positions and rendered them ornaments to their profession and to society.

I am well aware that it is unnecessary for me to say anything to excite your enthusiasm in the pursuit of the profession which you have chosen. You have no doubt entered upon it with a determination to pursue it seriously, ardently, and become thoroughly versed in its principles. Your presence here, and the manner in which many of you have already devoted yourselves to the preliminary course, are sufficient evidence of the zeal by which you are inspired. But lest some among you from a sense of imperfect instruction, insufficient means, or obscurity of position, might despair of attaining to a high degree of excellence, let me give you the assurance that no degree of eminence or success, is beyond the reach of him who shall perseveringly and ardently devote his energies to its attainment.

The experience of many years enables me to assure you that for all the time and attention which you may bestow upon your professional studies, you will be abundantly repaid, and that every excellence you may attain to, is certain of being fully appreciated and acknowledged by the public, that the study of the profession if pursued in a right spirit is elevating in its tendency, its practice, exercises, and strengthens at once the faculties of the mind and the benevolent sentiments of the heart,—it is highly honorable and useful, many of you may have cause to regret your neglect of it, but not one will ever have reason to regret the hours which he has spent in acquiring a knowledge of it.

In conclusion Gentlemen, you will allow me to express the gratification which I feel in common with my colleagues and the friends of the Institution, in being able to welcome you to these Halls. It is now fifteen years since I commenced Medical Instruction in the city of Chicago. The first course of private lectures which I gave upon Anatomy, was given to a class of six students in the back room of my office; the second course was attended by eleven students, and a second bench had to be added to the one used the previous winter to accommodate the class. That embryo amphitheatre has developed itself by successive steps, to the dimensions which you see before you. The Institution which was planted with so much care, and built up with so much labor, has now attained to the vigor of maturity, and sustains, and enlarges itself by its own inherent strength. In its success our best hopes have been realized, and our fears dispelled, and encouraged by the past we look forward to a career full of prosperity and usefulness. It may, indeed, meet with obstacles and varying degrees of fortune, for it has with truth been said that an Institution which has been planted, is like a ship entrusted to the sea, she may go forth under smiling skies, but in her course she must meet with storms, but although the waves may beat upon her, although the winds may rage around her, dark clouds gather above, or rocks obstruct her path, yet conducted by skilful pilots, she will pass unharmed through every danger, and arrive in safety at her destined port. The Medical College of Chicago, is chained to the destiny of a great and noble city, and so long as Chicago shall be the seat of commerce and intelligence, so long will our school be honored and sustained.

ART. II.—*Aneurism of the Aorta.*

THE following letter was kindly furnished to us by Professor BRAINARD, and will be read with interest.—ED.

MT. CARROLL, Oct. 20th, 1855

DR. BRAINARD:

DEAR SIR,—The following case may not be uninteresting to you.

On the 6th of August, the present year, I was called to see John Pyle, aged 73 years; attacked with bilious colic, which yielded speedily under hydrarg. sub. murias and opiates, followed with purgatives. In a few days he was able to sit on the arm-chair for two and three hours at a time. My visits were continued, however at his request, and about the tenth day I discovered a tumor the size of a hen's egg on the left side of the umbilicus, a little below, having a strong pulsation. Suspecting an aneurism of the aorta, I had my friend and fellow practitioner of this town called in, (Dr. B. P. Miller), who agreed with me in the diagnosis. He recommended an abstemious diet; perfect rest, and ordered such indirect depletives, as would lessen the circulation, at the same time assuring our patient, that he could not hope for an ultimate recovery. About this time, there was an aching of the thigh and back; along the course of the sacrosciatic nerve, which could only be relieved by chloroform.

About the 13th September, he could only find relief by inhaling chloroform. The tumor had now enlarged to the size of a child's head; beating more furiously than ever. At this juncture some of the friends advised sending for a certain Dr. Reed, who pronounced it disease of the liver. He administered something which caused retching and frequent straining attempts at vomiting until September 30th, when I was again summoned in haste to find my patient pulseless and worn out.

This morning, Sept. 30th, the sac of the aneurism had evidently bursted, but by keeping the patient quiet the coagulated blood around the orifice of the rupture had arrested the hemorrhage.

The same evening the liver Dr. Reed made his *debut* again and assured the patient and his friends again that he would "have him about in a few days."

On Tuesday morning he died, and according to his request I made a post mortem examination, in presence of my brother, Dr A. Hostetter, and Dr. J. Pennybaker, and likewise the friends of the deceased. On laying open the parieties of the abdomen, a large tumor the size of a man's head presented itself with a rupture on the left side near superior part. It had displaced the intestines and occupied the greater portion of the left iliac, and umbilical region. The grumous blood emptied into the cavity the abdomen, having been removed the sac was opened, and about four or five pounds of coagulated blood taken out.

Within this sac numerous ossifications were discovered, two of which find enclosed. The tumor or sac embraced about two inches of the left primitive iliac, and about five inches of the aorta. The right iliac seemed sound with the exception of ossified portions distinctly perceptible.

About two months before the attack of bilious colic, before alluded to, the patient jumping over a fence, felt "something giving way" in his left side.

The liver, stomach, spleen, and intestines were normal, or in fact presented the very picture of a healthy state.

Very Respectfully,

JOHN L. HOSTETTER.

* * *

ART. III.—*Clinical Lecture in the Medical Wards of the Mercy Hospital, Nov. 19th, 1855; being the 39th Clinique of the present Course.* By N. S. DAVIS, M. D., and Prof. of Practical and Clinical Medicine in Rush Medical College, Chicago, Ill.

GENTLEMEN:—I shall this morning again occupy your time on the common, but all important subject of Fevers, and their local complications. But before entering the wards to take our places by the bed-side of the sick, I wish to call your attention to a portion of the small intestine and mesentary which was taken from the dead body only two or three days since. You will remember that I showed you not long since, a portion of the rectum which illustrated the extreme changes produced in the mucous membrane of that part during protracted and severe dysentery.

During the same interview I called your attention to the mucous membrane of a portion of the ilium or small intestine, in which you saw several of the eliptical plates or patches of Payer's glands, thickened and elevated above the surface of the surrounding membrane, and presenting numerous small points or indentations, giving to the surface what has been called the *shaven beard appearance*. In the same thickened and elevated patches you saw many points looking like a deposite of gray or yellowish gray tubercular matter beneath the epithelial covering of the mucous membrane.

The only appearance of actual ulceration which you saw in that pathological specimen, consisted of one solitary ulcer, situated in a plica or fold of the mucous membrane, and was about half the size of an ordinary pea. I explained to you, that the appearances then observed were those frequently seen in the mucous membrane of the small intestines after death, from what the books technically call typhus fever. The pathological specimen which I now hold in my hands, is a section of the ilium and mesentery, from a subject dead from protracted typhoid fever with severe intestinal symptoms. The suject had also been previously afflicted with scrofulous disease of the lymphatic glands in the neck. The intestine, as you see, has been laid open to expose more fully its interior or mucous surface; and if you observe closely you will easily distinguish here a portion of the membrane, deeper color, and more elevated than the surrounding surface. Its margin is well defined; and it constitutes one of those "eliptical plates," so minutely described by M. Louis, in a state of simple thickening and increased vascularity. It differs from the *plates* or patches of glands in the specimen I showed you a few days since, in presenting no *shaven beard* appearance or indications of a deposite under the epithelium. There are several other spots of precisely the same character in this intestine, but here is one in which the mucous membrane has been entirely destroyed leaving, as you see, a superficial ulcer as large as a half dime, with irregular and slightly elevated edges. Here is another still larger, but presenting the same characteristics; and here is a place where it is evident that two of the patches of glands have been destroyed by ulceration together with the intervening mucous surface, so that we have a continuous ulcerated surface almost equal in ex-
t to a silver half-dollar. The edges are seen to be very irregu-
d in laying the intestine open the incision was carried
gh a part of the ulcer, separating it upon the other margin
you see here. These different portions of the interior sur-
f the intestine, present only different degrees of advancement
e same morbid process. The first characterised by increased

vascularity, thickening, and softening of texture, is only an earlier stage of the same process which, at other points, has resulted in ulceration and complete destruction of the membrane. If you turn your attention to this adjoining portion of the mesentery, you see the glands much enlarged. Here is one which has attained the size of a hickory nut, and others present all sizes down to that of a small pea. The only outward mark of disease besides the swelling consists of this small patch of inflammatory redness over one side of the largest gland. The structure of all these glands is changed, however, being softened and in some of them entirely disorganized. This one which has been laid open, presents an interior consisting of a whitish, pultaceous, almost semi-fluid mass of matter. These morbid appearances which you have now carefully examined, are just such as usually take place, to a greater or less extent, in all protracted cases of typhoid fever, accompanied by a tympanitic abdomen and thin or liquid intestinal discharges. It is these lesions, both in the intestine and mesentery, which have been regarded by M. Louis and others of the same pathological school both in Europe and America, as the essential pathological feature of this variety of continued fever. Indeed, it has been claimed that these intestinal ulcerations, bear the same relation to the typhoid fever, that the eruptions on the skin do to the fever of variola or scarlatina. Hence it has been styled *dothinentirites* by some European Continental writers, folicular-enteritis, and entero-mesenteric Fever, by others; and simply *Enteric Fever* by Dr. Wood. Gentlemen, I cannot coincide with these exclusive views in regard to the pathology of typhoid fever.

On the contrary, I am constrained, both by observations at the bed-side and by post mortem dissections, to regard these intestinal and mesenteric lesions, in precisely the same light as the alterations in the texture of the spleen, the liver, the lower lobes of the lungs, the heart, and the brain, which are often seen accompanying fatal cases of this variety of fever.

All these changes are doubtless *consequences*, developed during the progress of the general fever, but constituting no part of its constant and necessary pathology. It is true that some are developed more frequently than others, and exert a greater influence on the ultimate result. If you now accompany me to the upper ward, I will direct your attention to two cases of well marked typhoid fever, in the advanced stage of their progress, both of which present local complications of importance but differing much from each other. Here you see a young man, native of Ireland, aged about twenty-two years, who was admitted into the hospital about ten days since, having been previously confined to his bed four or five days. I called your attention to the case and pointed out all its characteristic features soon after its admission here. You will remember that, at that time his face was suffused with redness; his expression of countenance dull; his eyes sunken; his lips dry, the upper one a little retracted and it together with the ends of the upper teeth covered with brown sordes; the mouth dry; the tongue red at the tip and edges, but its upper surface covered with a dry, brown, coat; his intellect and special senses dull; the skin generally dry, rough, and moderately hot; the pulse one hundred per minute, small and soft; the abdomen moderately full, tympanitic, and slightly tender on pressure; the discharges from the bowels were frequent, amounting to six or eight times in twenty-four hours, and accompanied by some pain in the abdomen; the matter discharged being thin and of a brown or reddish brown color, and sometimes intermixed with a little mucus. The urine was scanty and the respiration feeble. I then explained to you that the symptoms presented were plainly indicative of a severe typhoid fever with special lesions in the mucous membrane of the alimentary canal.

The latter were particularly indicated by the intestinal discharges, the tympanitic and gurgling abdomen, and the dry tongue with red edges; while the general type of fever was determined by the soft, compressible pulse; the moderately hot but very dry skin; the diffused redness of the face; the dulness of intellect and special [illegible]nses; and the absence of well marked periodicity. In reference [illegible] the prognosis, I pointed out two leading sources of danger. [illegible]he one consisted in the direct failure of the organic actions, de[illegible]endent on that diminution of elementary *susceptibility* or irritability of all the tissues, which constitues an essential element in the true typhoid condition. The evidence of this failure of organic action and diminished susceptibility throughout all the tissues, is found in the torpor of intellect, the dulness of special senses, including the nervous sensibility generally, the slow and hesitating muscular movements, the feeble capillary circulation, the general diminution of the secretions, and in the darker color and slower coagulability of the blood when drawn from the veins and allowed to stand in an open vessel. These phenomena are all independent of any mere local lesion, and arise directly from an altered condition of the properties of both solids and fluids throughout the system. This altered condition is sometimes of itself sufficient to destroy the life of the patient. This is indeed frequently the case in the lower grades of typhoid disease, such as occurs in camps, jails, crowded emigrant ships, etc. In the ordinary typhoid fever of the country, however, these changes are generally more moderate, and seldom constitute the immediate cause of death; and still they are constant elements in this variety of fever, giving to it that tendency to *debility* or *typhoid prostration*, against which the books so uniformly caution us. It is of much practical moment to appreciate clearly these general alterations in each individual case, as on them should be founded one of the leading indications for treatment.

The other source of danger in the case before you, was attributed to the changes which were taking place in the mucous membrane of the intestines. The precise nature and tendency of these abdominal lesions, as demonstrated by the researches of Louis, Chomel, Gherard, Jackson, and others, were fully pointed out to you at the previous examination, and need not be repeated at this time. You will remember that the opinion was then expressed, that the same morbid change had commenced in the aggregated glands or eliptical plates of the mucous membrane of the ilium, and the glands in the corresponding portions of the mesentery, as you have just now examined in the pathological specimen exhibited in the room below.

The vascularity of these parts was already increased, marking the commencement of that change which results in softening and ulceration. The case then presented two clear and well defined indications for treatment. The first was to arrest the further impairment of the properties of the blood and tissues, and thereby prevent an undue or dangerous degree of general depression or prostration. The second, was to counteract the morbid change going on in the glandular structures of the mucous membrane of the intestines and mesentery.

Having pointed out as clearly as possible the indications for treatment, the next inquiry was in reference to the best means for fulfilling them. To meet the first, you will recollect, the patient was directed a regular supply of nourishment, consisting of animal broth well seasoned with salt, or sweet milk boiled with a little flour. Those articles were chosen, as you are aware, chiefly because they contain a sufficient proportion of nutritive matter in a state easily absorbed from the stomach and first part of the intestines, and leaving but little fœcal residue to pass over the morbidly sensitive and diseased surface of the ilium and colon; qualities of much importance in the intestinal variety of typhoid fever. The nourishment should be given in moderate quantities and at regular intervals, without much reference to the appetite of the patient. To still further maintain the tonicity of the tissues, and arrest the tendency to impairment of the quality of the blood, I directed for the patient, a solution of chloride of sodium, sulph. quinine, and sulph, morph., in water, in such proportion that the patient would get in each dose 15 grs. of the first, 2 grs. of the second, and ¼ of a grain of the third, every four hours. When I prescribed this at our former interview with this patient, some of you who are conversant with the prevailing doctrines concerning the treatment of typhoid fever, may have regarded it as inefficient for sustaining the forces of the system, and may have been ready to ask why the more diffusable stimulants, such as brandy or wine, or bark, were not resorted to as recommended by Dr. Stokes of Dublin, and most other modern teachers. To answer this question ully would require more time than is now at my command. If ou remember what I have already stated in the lecture room conerning the condition of the blood in the fully formed typhoid disease, you will have reason to suppose that in the patient before us, that fluid is of a darker hue and its fibrine less coagulable than in health; and consequently it is less capable of producing its normal impression on the elementary properties of the tissues, by which all the functions of the system are maintained. If this is true, we should certainly select as far as possible such remedies as will arrest this change in the blood and restore its healthy qualities; for in so doing we shall most efficiently sustain all the organic processes and function.

But if there is any reliance to be placed on the experiments of Prout, Bouchardet, Sir Astley Cooper, Bernard, or myself, it is certain that alcohol when introduced into the system directly lessons both the exhalation of carbonic acid and the absorption of oxygen from the lungs, renders the blood darker color, lessens the coagulability of the fibrine, and diminishes all the organic actions. Hence unless we actually prescribe on the fictitious principle of similia similibus curantur, we shall be forced to declare the whole class of alcoholic beverages contra-indicated in the class of patients before us. You may be disposed, however, to claim that *experience* has proved their efficacy and clearly demonstrated a less ratio of mortality under their use than under other modes of treatment. Let me caution you here against one source of fallacy in reference to this matter. You must keep in mind the fact that before the researches of Louis, Chomel, Gherard, Jackson, and others in relation to the intestinal lesions so common in typhoid fever, had become generally known to the profession, it was the general custom in the treatment of all continued fevers to resort to emetics, cathartics, and sometimes blood-letting.

In other words it was customary to employ an evacuant and strongly purturbing treatment, with a low diet. Of course many patients sunk early from exhaustion, and many more from protracted and extensive ulceration of the mucous membrane of the intestines. It is doubtless true that the comparisons instituted between the results of this practice and that from a moderate use of alcoholic stimulants coupled with sufficient nourishment, show a balance in favor of the latter. This, however, only proves that the stimulants were *less injurious* than the evacuant and purturbing methods of treatment, but leaves the question in regard to their positive value entirely unsettled. There are agents within our reach, which, when introduced into the blood, directly increased its arterial hue, add to its capacity for absorbing oxygen, lessen the tendency to alteration or degeneration of its corpuscles, and thereby render it more capable of supporting all the properties and functions of the system. These are the agents clearly indicated in the case before us; and among them I am satisfied from much and careful observation at the bed side, that there is not one among them more efficient and valuable than the chloride of sodium or common salt. Hence it was that we selected it with small doses of quinine to counteract those changes in the blood and tissues which were going on in the patient now lying before you. To fulfill the second indication, namely, the removal of the local intestinal lesion, I directed a fluid drachm of the following emulsion to be given between each of the doses of the salt and quinine solution, viz.:

℞ Ol. Terebinth, ʒji.
Tinct. Opii., ʒji.
Pulv. G. Arabac, } aa. ʒjii.
White Sugar, }
Rub together thoroughly and add
Mint Water, ℥ji. mix.

The patient continued these remedies, with very little variation for five or six days, during which time all symptoms improved to such an extent that he was deemed convalescent.

The general fever entirely subsided, the intestinal discharges become more natural both in consistence and frequency, and his appetite returned. In this state the emulsion was discontinued, and the solution of salt and quinine continued only three times a day. For two or three days the patient appeared to be doing well, but indulging too freely in the use of food, the intestinal discharges of a thin brown, character were renewed, and you now find him again, with a tympanitic abdomen, a red tongue, a pulse one hundred per minute and small, but no febrile heat or thirst. You examine the patient carefully and you will find, all the evidences of a return of that peculiar irritation in the mucous membranes, which existed on his first admission into the Hospital, but without general febrile action. This is not an uncommon occurrence during convalescence from this variety of fever, and should impress upon your minds strongly the necessity of watching closely the diet and whole management of patients convalescent from the intestinal typhoid fever until the health is fully restored. Without this you will have frequent occurrences like this, and sometimes a rapid developement of ulceration. with an ultimately fatal result. To again allay the intestinal irritation in this patient we will restrict his diet according to the rules before mentioned and give him one of the following pills every two hours, viz.:

℞ Nitras Argenti, 8 grs.
Pulv. Opii., 20 grs. Mix and divide into twenty pills. There is another patient with typhoid fever complicated with disease within the chest, to which I intended to direct your attention, but as the clinique hour has already expired, we must defer it until to-morrow morning.

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Vesico-Vaginal Fistula, with Laceration of the Anterior Lip of the Cervis Uteri, of nearly six years standing, cured in two weeks. By N. BOSEMAN, M. D. (Report read before the Sydenham Medical Society, of Montgomery, Ala.

The subject of this case was very kindly sent to my infirmary for treatment, by Dr. W. J. Mitchell, of Tuskegee.

Delphia, (colored woman,) belonging to Dr. Robert Howard, of Macon county, was admitted on the 4th of April, aged 25; stout, well formed, and has the appearance of one enjoying good health; always menstruated regularly, etc. In August, 1850, she gave birth to her second and last child; has had no control over her urine ever since; was in labor nearly four days; delivery natural; child of medium size, strong and vigorous; did well, and is at present a large and healthy boy. Presentation was vertex, so far as can be ascertained. First labor, about a year before, lasted four days—the child was still-born, and of large size; delivery natural, recovery speedy, etc. In neither confinement was the patient attended by a physician.

Upon examination, I found the vagina to be very capacious—a circumstance of no little importance, as regards success, in any case, but especially is it so when the fistulous opening is found in close proximity to the cervix uteri. The injury sustained by the parts seemed, at first view, to be very extensive; but upon further inspection, they presented a more favorable appearance. In the anterior lip of the cervix was to be seen a deep cleft, presenting on either side, a considerable prominence ; at its anterior extremity was situated the fistula, oval in shape, and large enough to admit the index finger into the bladder. No effort seemed to have been made by nature to repair the cervical injury. In a case,* almost identical, which came under my observation last year a spontaneous cure was found to be perfect—union seeming to have taken place by the first intention—only the line of cicatrization remained, showing very plainly the extent of the injury, and its relation to the fistulous opening.

This difference in the results of nature to repair its injuries, presenting the same characters, influenced by the same causes, is of no practical importance in the present instance, yet it is a fact none the less interesting.

As to the operation, two modes of procedure very naturally suggested themselves: one was to close the fistula and afterward the cleft; the other was to complete the whole under one operation. The latter, though more difficult of execution, was the one I adopted, for the reason that the patient would not require to be confined so long.

A reparation of tho cervix I did not consider essential to the success of curing the fistula: still I determined to effect it, if possible, in view of the probable results of parturition, should it occur again. With such a deep fissure existing in the anterior lip of the cervix, it can very readily be perceived how much more liable this point would be to give way under powerful uterine contractions, attended by a reproduction of the fistula, and perhaps laceration of the uterus itself, with all their dreadful consequences, as dribbling of the urine, metritis, peritonitis, etc.

On the eighth day after admission, assisted by Dr. Clanton and Mr. Duncan, a medical student, I proceeded to operate. The method employed was that of Dr. J. Marion Sims, (who, be it to the honor of America, yea, of the world, has accomplished more in this hitherto difficult branch of the practice than any surgeon living.)

A detailed account of the different steps of the operation I shall purposely omit, as it would be tedious and perhaps uninteresting; therefore, only a single feature of it will be presented—the application of the suture apparatus. From my description of the injury, it will now be seen that the clamps had to be applied with all the accuracy observed under ordinary circumstances to arts totally different in structure and function, with a view of taining, by a natural and common process, a natural and com- on result—union by the first intention.

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* New Orleans Medical and Surgical Journal. May No., 1854.

The dense, strong and unyielding tissue of the cervix had to be made to harmonize with the erectile, spongy and elastic tissue of the vagina. In lodging the wire sutures in their respective places, great care had to be taken that the needle was entered and brought out at a distance from the fistula and cleft, corresponding to the extent of elasticity or adaptation of the parts. If too far removed, there was danger of the edges becoming everted, and *vice versa*. In neither instance could coaptation be effected—a desideratum indispensable to success. The difficulties and perplexities of such a task, simple as its execution may appear, can scarcely be realized by one who has never attempted it. Having, then, thoroughly freshened and shaped the edges of the injured parts, the first suture was carried through the cervix in its lower third; the second was entered on a line a little exterior to the first—carried across the upper extremity of the fistula, and out at a corresponding point at the opposite side; the other two were entered in a similar manner at equal distances below. To theends of the sutures, on the right side, a clamp was fixed and made to take its proper place, the upper end resting against the side of the cervix. The one on the opposite side was arranged in a similar manner, with the proximal ends of the sutures passing through it. Traction being now made upon these ends, the edges of both fistula and cleft were brought in direct opposition. In this relation they were maintained by compressing a small shot on each suture close to the clamp; after which the sutures were cut off close to the shot, and the patient put to bed. The self-retaining catheter was next introduced into the bladder, and the operation then completed.

On the day following menstruation came on, and soon afterward I noticed a bloody state of the urine, and slight leakage of the bladder. This condition of things continued four or five days, or till the catamenia ceased when all unfavorable indications disappeared, and the patient seemed to do well. That a small opening in the bladder existed during this period, to allow of leakage and commingling of the two fluids, there can be no doubt. The most remarkable thing about it is, that it should have closed after so long a time.

The explanation of the result, I think, is this: A small groove remained at the bottom of the cervical cleft, after the application of the clamps, thus admitting a portion of the catamenia to pass along to the upper extremity of the fistula when it entered the bladder. Owing to the peculiar situation of the opening, and its valve-like form, only a very slight leakage could take place, and this, I imagine, as a result of some effort or change of position on the part of the patient. The urine, then, having little or no tendency to escape here, and the edges of the opening being still in a freshened state, union of the parts followed immediately upon the cessation of the catamenial flow.

On the fifteenth day of the operation I removed the clamps, when union at all points seemed to be perfect. A small notch at the extremity of the anterior lip of the cervix was the only evidence of the deep cleft which had existed there. The patient was now allowed to get up. At first she could not retain her urine longer than two or three hours without some pain in the region of of the bladder. This difficulty, however, gradually diminished as the organ regained its natural tone, which it did in a few days. —*Southern Med. Jour.*

MONTGOMERY, May 10, 1855.

* * *

Belladonna in Hooping Cough.

Dr. Turnbull makes the following remarks on the use of belladonna in hooping cough, in the *Medical Examiner* for August, which will be read with interest at a time when this refractory affection is prevailing as an epidemic:

The following was the method followed: The systembeing prepared by reducing the inflammation by the means before spoken of, obtain if possible, English extract of belladonna, fresh and good; let the extract be triturated with water or simple syrup; if it is to be kept for some time, add a small quantity of alcohol. The dose for a child three months old is the sixteenth of a grain every three hours, to a child one year one eighth of a grain, and so to other ages in proportion.

Inform the parent or nurse of the change it will produce upon the eyes, also that it may redden the skin. When full dilatation of the pupil is brought about, the medicine is to be intermitted till it has gone off again; the balladonna is to be administered in slightly increasing doses, so as to keep the child under its influence for several days or till the paroxysms are checked, which will usually occur toward the sixth or eight day of the second stage.

In the twenty cases cured by the use of the balladonna the ugh and hoop returned in a few cases on exposure to cold or in agreeable, windy weather; but by combining the extract with rup of ipecacuanha a few doses soon checked the cough and hoop: only one case out of this number was it complicated with in- mmation of the lungs, and this case recovered.

The average duration of my twenty cases was ten days, after e hoop had commenced when the case was free from complications, which shows the great advantage of this treatment. The ordinary duration of the disease, when treated in the usual manner, is from 1½ to 3½ months ; even by prussic acid, or the application of nitrate of silver, the average given is from two to three weeks. It is stated by Gibb that with the use of nitric acid, the average duration was only six or seven days. Several physicians who have used this remedy, however, do not find such favorable results from its use.

I have added to my communication some extracts from the experience of a few distinguished medical men on the use of thi important agent, belladonna.

This remedy was used in hooping cough about the year 1783 by Dr. Buckhaave, of Copenhagen, who gave the powdered root in doses of two grains, morning and evening, to a child of five or six years of age. The cure, it is stated, was generally accomplished in from seven to fourteen days.*

Dr. Miquel, of Neuerhaus, says the belladonna is a remedy upon which he can always depend in this disease. In the course of many epidemics which he has observed during fifteen years, he has constantly cured the cough in eight days.†

Dr. Samuel Jackson, of this city, late of Northumberland, who, although he was not the first to employ the belladonna, yet by his valuable publication in 1834 brought its virtues prominently before the medical public, has continued its use for twenty years, and his confidence in its powers to arrest the paroxysm and cure the second stage of hooping cough in the great majority of cases is undiminished.

Dr. Hiram Corson, formerly President of the Medical Society of the State of Pensylvannia, a distinguished practitioner of Montgomery county, Pa., in a paper on the efficacy of belladonna as a remedy in Pertussis, published in the American Journal of Medical Science, for October 1852, makes the following observations : "My experience in pertussis had satisfied me that of all the remedies in common use, those recommended by writers upon diseases of children are almost useless. Children affected in the winter continued to cough and strangle and suffer for many weeks with scarcely a perceptible amendment. It was painful to visit and mortifiying to prescribe for those afflicted with this malady."

He commenced the use of belladonna in four cases, and in one week they were all well. His method of using it was to begin with the sixteenth of a grain to children under one year every two hours, and increasing a little every day till full dilatation of the pupil occurred, the skin become flushed and vision confused ; this be accomplished by disolving eight grains of the extract in an ounce of water, nine drops of which contained the eighth of a grain.

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* Duncan's Commentaries for 1793, and Dr. Gibb on Pertussis, p. 282. 1854.

† Vol. vii. American Journal of Medical Sciences, p. 524, from Archieves Generales, August, 1880.

In an epidemic in 1840 he used the belladonna in hundreds of cases with great relief in nearly all. By giving it in small doses at first, the fears of the patients were allayed. In 1847-8 he also prescribed it in numerous cases with much success. He concludes his paper in these words : " During the last seventeen years I have given the extract of belladonna to hundreds of patients from two months to fifteen years of age, and am firmly convinced that it has a greater control over hooping than any other remedy in common use. That while, in a few cases, the system did not seem susceptible to its action in the doses I have prescribed, yet in nearly all the disease yielded quickly. It is a safe and efficient remedy for pertussis in children of any age."

Dr. Eberle, in his Treatise on the Diseases of Children, second edition, remarks " that the balladonna has been highly celebrated, and is without doubt, by far, the best article of the kind we possess. My own experience leads me to testify confidently on this point. I have prescribed it within the last six years, (1834), in perhaps twenty cases, and in the majority of them with evident advantage." Prof. Borda, he remarks, was the first, he believed, who used it as a remedy, and his belief in its efficacy is almost unlimited.

Hufeland and Albert are almost equally decided in their praise of the virtues of this article.

The mortality from this disease in our city in 1850 was [illegible]4, 1852 168; and for 1853, was 64. In 1853 in the district of Richmond it occurred as an epidemic. In severe cases Dr. Janvier used the belladonna with the best results. " It mitigates the paroxysms better than any other sedative."*

Dr. Condie remarks in his work on diseases of children, that the narcotic from which the greatest amount of benefit is to be anticipated by this disease, is unquestionably the belladonna; it has been very extensively employed, and the evidence in its favor is strong and conclusive, (by Kahliss, Janin, Hufeland, Widemann. Raisin, Guibert, Albert, Shafer, Laennec, Muller, Blache, Maunsell. and Lombard)

He further remarks that he had given the belladonna a very fair trial, and has, in many cases, been pleased with the prompt and ecided relief produced by it, while in other instances it appeared o exert no influence whatever.

I think that this last remark may be often accounted for by the bad character of the belladonna, which is even found in some of the drug stores of this city, for it is an uncertain preparation unless when procured by evaporation in vacuo, for some samples from some of the Parisian shops were found by Orfila to be quite inert.

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* Report Phila. County Med. Society for 1853.

Dr. Williams, of London, has used belladonna with great advatage in his practice. He gives it in a quarter grain doses to a child of two years, increasing the doses to double that quantity or more where it fails to relieve. He remarks that these doses, in general, cause some dilatation of the pupil, and conceives that the radical agency of the drug depends on the same power to diminish irritability of the bronchial and laryngeal muscles which is here evinced with regard to the iris.[†]

Dr. G. A. Rees has found belladonna one of the most efficioacus remedies in pertussis.[‡]

Dr. Waller cured two cases with the twelfth of a grain of extract three times a day; prussic acid and conium had failed in affording any permanent relief.[§]

Aberle assigns the highest place among narcoties to be belladonna in hooping cough.

Dr. Churchill says that this is perhaps the most influential narcotic and sedative we possess (in pertussis): it has been very extensively employed and the evidence in its favor is very strong.[‖]

Belladonna has been eminently useful in the epidemics of hooping cough which M. Debreyne has observed, but recourse should not be had to it till the inflammatory element has been overcome by leeches, emetics, etc.

Dr. A. T. Thompson says: "I have ordered the extract of belladonna in doses of one-eight of a grain to a child of eight years, and gradually increased the dose to a quarter of a grain. Its power over the cough is extraordinary."[¶]

* * *

"*Natural Relation of the Disease.* In the preliminary considerations of the nature of erysipelas I have already intimated my opinion, that its phenomena have marked analogy with those of the febrile exanthemata, and indicate a relation to gouty, rheumatic, and scorbutic inflammations in all of which the cutaneous inflammatory action of the internal mucous surface is a well-marked characteristic. All of them show an unmistakable tendency to a complication with gastric and biliary disorders, and are generally results of the same cold atmospheric humidity, from which an epidemic prevalence of all of them may proceed, as has been well marked during the present season. This relation of rheumatism and erysipelas will be yet more evident from the following comparison of the morbid state of the urine in both diseases, in which there is a very evident increase in the quantities of uric acid and extractive beyond a state of health. The results are indicated in the following tables, compiled from Simon's Chemistry:—

[†] Gibb on hooping cough, p. [illegible] Med. Gazette [illegible]

[‡] Diseases of Children, second edit. [illegible]

[§] Lancet, Vol. i. [illegible] p. [illegible]

[‖] Elements of Materia Medica.

[¶] London Journal of Medicine, [illegible]

RHEUMATISM.

A man aged thirty, whose urine threw down a copious red sediment on standing for two hours, and was 1017.2 of specific gravity.

	Analysis 1.	Analysis 2.	Analysis 3.
Water, - - - - -	971.80	970.20	981.10
Solid constitutents, - - - -	28.20	29.8	18.90
Urea, - - - - - - -	12.20	6.00	8.00
Uric acid, - - - - -	1.70	1.04	0.56
Mixed salts, - - - -	——	5.59	2.34
Extractive matter, - - - -	——	14.70	8.00

ERYSIPELAS.

In the febrile stage of this disease the urine has all the characters of inflammatory febrile urine. Becquerel made two qualitive analyses of the urine of a man, aged thirty-nine, who had erysipelas. Specific gravity, 1021 to 1023.1. The quantity passed during the twenty-four hours being, in the first and second analysis, 27.0 and 30.8 ounces respectively.

	Analysis 1.	Analysis 2.	Analysis 3 of healthy urine.
Water, - - - - .	965.5	961.9	981.0
Solid constituents, - - - -	34.5	28.1	28.
Urea, - - - - - - -	12.5	12.7	12.1
Uric acid, - - - - -	1.2	1.3	0.4
Fixed salts, - - - -	——	8.2	6.9
Extractive matter, - - - -	——	15.9	8.6

Other chemical pathologists have ascertained that, during the acute stage of erysipelas, while the urine presents all the characters of febrile urine, it is at the same time albuminous, and occasionally mixed with blood. These facts have been well established by the examinations of the urine, in erysipelatous cases made by Becquerel and by Dr. Beguin, of Edinburgh. The presence also of albumen in the urine during the desquamative stage of erysipelas is noticed by Lehmann; and others have found that at this period of the disease, the urine is coagulable and charged with epithelium, as in scarlatina. Tho temporary albuminuria and the desquamation from the renal tubes, which have been thus found associated with erysipelas, and more particularly when the inflammation of the skin has been of great extent and idiopathic in its origin, are points of great practical importance in regard to this disease. They serve to show that this cutaneous affection, like other exanthematous diseases is associated with derangement of the renal functions, and that both are coetaneously connected with the same blood lesion the removal of which is an essential element of successful treatment. The efficacy of the tincture of sesquichloride of iron, which sensibly affects the secretion of the urine, while it restores the healthy nutritive powers of the red blood globules, probably depends on its power of producing these effects. The subject is one well worthy of further observation and experiment."—*London Lancet.*

BOOK NOTICES.

A Practical Treatise on Diseases of the Eye. By WILLIAM MACKENZIE, M. D., &c., &c., to which is prefixed an Anatomical Indtroduction Explanatory of a Horizontal section of the human Eyeball. By THOS. WHARTON JONES, F. R. S., &c., with one hundred and seventy-five Illustrations from the fourth and enlarged London edition, with notes and additions. By ADINELL HEWSON, A. M., M. D., &c. Philadelphia, Blanchard & Lea, 1855.

THE demand for a new edition of Dr. Mackenzie's very able work is a sufficient evidence that it is appreciated by the profession. In Europe it has been rendered into three of the continental languages, the French, German, and Italian. There are few professional authors whose works have met with such general favor.

For sale by Keen & Lea, Chicago, Ill. J.

◆

Yellow Fever considered in its Historical, Pathological, Etiological and Therapeutical relations, including a sketch of the disease as it has occurred in Philadelphia from 1699 to 1854, with an examination of the connections between it and the Fevers known under the same name in other parts of the temperate as well as in tropical regions. By R. LA ROCHE, M. D., &c., &c., in two volumes. Philadelphia: Blanchard & Lea, 1855.

DR. LA ROCHE has added another to the list of medical works that shall do honor to the literature of the profession in America.

Yellow Fever is attracting every year more and more the attention of Northern Physicians. In the Eastern Continent this scourge has been mostly confined to the intra tropical regions. On this side of the Atlantic it has not only crept along the shores of the Mexican Gulf, but has invaded several of the more Northern cities. In the Southern portions of the United States it is endemic and we know no reason why Chicago and the other cities of the Lakes may not be subject to it as an epidemic, as well as New York and Philadelphia.

We know of no man in America better qualified to do justice to the subject than Dr. La Roche.

A Review of the work is impossible, but we advise all interested in the study of the Fevers of the South and West especially to purchase and peruse it.

For sale by Keen & Lea. J.

* * *

The Cause and Prevention of Yellow Fever contained in the report of the Sanitary Commission of New Orleans. By E. H. BARTON, A.M., M. D., &c., &c. Philadelphia: Lindsay & Blakiston, 1855.

We have already given our readers the conclusions to which Dr. Barton arrived in reference to the cause and prevention of Yellow Fever, when noticing the report of the Sanitary Commission. In the republication of this portion of the report, Dr. B. has adduced additional facts and arguments to substantiate the positions previously put forth.

We are pleased to see that it is brought out in a more permanent form by the enterprising Philadelphia Publishers.

For sale by D. B. Cook & Co. J.

* * *

THE Profession will be gratified to know that Prof. Brainard of this city, contemplates publishing a volume which shall embody his own Surgical experience and improvements, together with reports of numerous illustrative cases. It is not designed to be a text book on surgery, but one which will meet the wants of the profession by supplying what in most of our systematic works is entirely wanting or but partially developed.

The miscroscopic elements of the blood and tissues in certain diseased conditions will occupy a portion of its contents and the whole will be illustrated with drawings from nature.

It will be issued from the press during the coming year. J.

◆

Professer Andrews.

From an article in the *Peninsular Journal of Medicine* we extract the following just tribute to Prof. Andrews, now lecturer on Comparative and Demonstrator of Human Anatomy in Rush Medical College:

His successors to the editorial chair of the *Peninsular Journal* say:

"The vacation by Professor Andrews, of the chair of Comparative Anatomy, in the University of Michigan, and his subsequent removal from the State, devolve upon the undersigned the necessity of assuming the editorial charge of the Peninsular Medical Journal, which was called into existence by his enterprise, and sustained during the first year of its existence, solely by his energy and ability. Although the editorial force has been, since that time, numerically quadrupled, we do not expect to enter upon the management of it with a more exalted purpose in view, or to manifest a warmer zeal in the cause to which it is devoted, or to exhibit a higher order of talent than it was the good fortune of our worthy predecessor to possess, and employ in its service.

We reiterate Professor Palmer's expressions of good-will to his retiring colleague, because of the pleasure it affords us to do so; and take this occasion to say to his new associates, that few men possess a clearer intellect, and none a truer heart than they will find in the bosom of the alumnus they have snatched from the University of Michigan. The benediction of his alma mater follows him.

◆

History of Medicine from its origin to the nineteenth century, with an appendix containing a philosophical and historical review of medicine to the present time. By P. V. Renourd, M. D., translated from the French by Cornelius G. Comegys, M. D., professor of the Institutes of Medicine, Miami Medical College. Cincinnati: Moore, Wilstach, Keys & Co. New York: Miller, Orton, & Mulligan. Boston: Whittemore, Mills & Hall. Philadelphia: J. B. Lippincott & Co. 1856.

OUR thanks are due both to the publishers and translator for this beautiful edition of Renourds history of medicine. If we are not much mistaken it will be very generally sought after to beguile the intervals of severe study and severer labor of professional life.

The design of the work will be understood from the following extract:

"I divide into three Books, or three Ages, all past time. The First Age commences with the infancy of society, as far back as historic tradition carries us, and terminates toward the end of the second centuryof the Christian era, at the death of Galen, during the reign of Septimus Severus. This lapse of time constitutes, in Medicine, the Foundation age. The germ of the Healing Art, concealed, at first, in the instincts of men, is gradually developed the basis of the science is laid, and great principles are discussed. The human mind, always impatient, surpasses in its speculations, the limitsof the known and possible. Many branches of the art, such as symptomatology and Prognosis, are carried to a remarkable degree of perfection.

The Second Age, which may be called the Age of Transition, offers very little material to the history of medicine. We see no longer the conflicts and discussions between partisans of different doctrines; the medical sects are confounded. The art remains stationary, or imperceptibly retrogrades. I can not better depict this epoch than by comparing it to the life of an insect in the nympha state; though no interior change appears, an admirable metamorphosis is going on, imperceptibly, within. The eye of manonly perceives the wonder after it has been finished.

Thus, from the fifteenth century, which is the beginning of the third and last Age of Medicine, or the Age of Renovation, Europe offers us a spectacle of which the most glorious eras of the republics of Greece and Rome only gives us an ieda. It would seem as if a new life was infused into the veins of the inhabitants of this part of the world; the sciences, fine arts, industry, religion, social institutions, all are changed. A multitude of schools are opened for teaching Medicine. Establishments which had no models among the ancients, are created for the purpose of extend- to the poorer classes the benefits of the Healing Art. The nious activity of modern Christians explores and is sufficient everything.

hese three grand chronological divisions do not suffice to sify, in our minds, the principal phases of the history of Medi- e; consequently, I have subdivided each age into a smaller mber of sections, easy to be retained, and which I have named

Periods. The first Age embraces four periods, the second and third ages each, two.

I will now indicate succinctly, each of these secondary divisions, without attempting, at present, to justify them, for this will be done in its proper place in the course of the work.

The first period, which we name *Primitive Period*, or that of *Instinct*, ends with the ruin of Troy, about twelve centuries before the Christian era.

The second, called the *Mystic* or *Sacred Period*, extends from the dissolution of the "Pythagorean Society" to abut the year 500, A. C.

The third period, which ends at the foundation of the Alexandria Library, A. C., 320, we name the *Philosophic Period.*

The Fourth, which we designate the *Anatomic*, extends to the end of the first age, i. e., to the year 200 of the Christian era.

The fifth is called the *Greek Period;* it ends at the destruction of the Alexandrian Library, A. D. 640

The sixth receives the surname of *Arabic*, and closes with the fourteenth century.

The seventh period, which begins the third age, comprises the fifteenth and sixteenth centuries: it is distinguished as the *Frudite.*

Finally, the eight, or last period, embraces the seventeenth and eighteenth centuries. I call it the *Reform Period.*

From the history of the past we are to learn wisdom for the present, and gain light for the future. Renourd's work has therefore a higher and more permanent use than simply to amuse or relieve the tedium of a passing hour. We wish it could be read by every physician in the land. It would make him think better of his profession, both as an art and a science, and give him clearer and higher views of the duty which he owes it and to the community in which he lives.

The work is for sale by D. B. Cook & Co , Chicago, Ill.

Books Received.

Dickson's Elements of Medicine, from Blanchard & Lea, Philadelphia.

Simpson's Obstetrical Papers and Memoirs. Philadelphia: J. B. Lippincott & Co.

Jackson's Letters to a Young Physician. Boston: Phillips, Sampson & Co. N. Y.: J. C. Derbey, 1855.

Carpenter's Human Physiology. Blanchard & Lea: Phila.

Stokes on the Heart and Aorta. Lindsay & Blakiston: Phila.

Lehman's Physiological Chemistry. Blanchard & Lea: Phila.

Johnson on Epidemic Cholera. Sindsay & Blakiston: Phila.

Fransactions of the American Medical Association, Vol. VIII: 1855. From committee of publications.

The following is the table of Contents and Minutes of the eighth annual meeting of the Association.

Report of the Committee of Publications.

Report of Treasurer.

Address of Charles A. Pope, Professor of the Association.

Report on the Disease of Missouri and Iowa.

The report of the committee on the hygrometrical state of the atmosphere in various localities, and its influence on Health. By Prof. S. B. Hunt·

Deformities after Fractures. By Prof. Frank H. Hamilton.

Report on the Diet of the Sick. By Chas. Hooker.

The pathology, causes, symptoms and treatment of Scrofula. By W. H. Byford.

Report of Committee on the means of preserving milk, and on the influence of Pregnancy and menstruation on the composition and nutritive qualities of that fluid. By Prof. N. S. Davis.

Report of the Committee on Dysintery.

The Effects of Alcoholic Liquors in Health and disease. By Prof. R. D. Mussey.

Sketch of the Caustic Pulverizer. By. R. H. Thomas.

Prize Essay—Statistics of Placenta Prævia. By J. D. Trask.

Plan of Organization of the American Medical Association.

Officers of the Association for 1855.

List of permanent members. J.

EDITORIAL.

Card of the Committee on Prize Essays of the American Medical Association.—At a meeting of the American Medical Association held in Philadelphia, May 1855, the undersigned were appointed a committee to receive voluntary communications on Medical Subjects, and to award prizes in accordance with the regulations of that body.

Each communication intended to compete for a prize must be addressed to the chairman of the committee at Ann Arbor, Michigan, before March 20th, 1856, and must be accompanied with a sealed packet containing the name of the author, and marked exteriorly by a sentence or motto corresponding with one upon the essay; which packet will not be opened unless the essay belonging to it is successful in obtaining a prize.

Unsuccessful papers will be returned on application after the adjournment of the meeting of the Association at Detroit in May next.

A. B. Palmer, M. D., (chairman), S. Denton, M. D., A. B. Terry, M. D., A. Sager, M. D., S. H. Douglass, M, D., C. L. Ford, M. D., E. Andrews, M. D.

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WASHINGTON, Nov. 30, 1855.

DR. N. S. DAVIS :

DEAR SIR,—At the last Annual Meeting of the National Medical Association, a committee was authorized—of which I was appointed chairman, and associated with Doctors Francis Condie, of Pennsylvania, and Grafton Tyler, of the District of Columbia, to report what measures should be adopted to remedy the evils existing in the present system of holding Coroner's inquests.

This is a subject which comes home to every one of us, and it is one in which are involved the gravest interests, and as such should commend it to the consideration of every medical man. It is highly desirable to obtain any data relating to this subject such as the statutory provisions, the forms of procedure, the fees paid to medical witnesses; and it is desirable to ascertain what is the tenure of, and what are the qualification for the office of Coroner.

Any facts or suggestion will be most thankfully received and duly acknowledged.

I am respectfully your Ob't. Ser't.

A. J. SEMMES, M. D.

To Subscribers.—The present number closes volume four of the new series of the *North-Western Medical and Surgical Journal.* In it we enclose bills to a large number of subscribers who stand indebted on our books for one or more years; and we hope those to whom they are sent will give them prompt attention. If by mistake of the Clerk or by failure in the transmission of money by mail, any receive bills who have previously sent the money to pay the same, they will much oblige us by giving immediate notice of the fact, and we will most cheerfully correct all errors. We are willing to incur all the risk and losses by mail where the letters are plainly directed to the address of the undersigned.

We wish to give a fair notice also, that every name on our subscription list, which stands indebted to us for more than *one year*, on the first day of February 1856 will be stricken off. We have placed the printing of the new volume, commencing with the January number, in the hands of a Printer of tried experience and fidelity; and who is pledged to use better type, better paper, and greater punctuality, than has been used in times past. Our object is to make our Journal as valuable, in every respect, to the physicians of the North-West, as any other on this continent.

To secure this, we shall bestow upon it our best judgement and energies; and we cordially invite the co-operation and *contributions* of our readers.

N. S. DAVIS.

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Personal Matters.—We are not of that class who condemn all controversies, either in medicine or literature. On the contrary, when conducted in a liberal spirit and in accordance with appropriate rules, they sharpen the intellects of the writers, enliven the minds of the readers, and often elicit new thoughts which result in the extension of the boundaries of knowledge. To accomplish those ends, however, the controversialist must be actuated by a liberal spirit, and a strict sense of justice. The first will always cause him to treat his opponent kindly, and the second to represent all his sentiments truly. Those who take the trouble to read the editorial articles of this Journal, are aware that a controversy has been maintained during the last few months, with one of the editors of the *Peninsular Journal*, concerning certain matters wherein the Medical Department of the University of Michigan claimed to be in advance of other schools.

Throughout this controversy we have wholly refused to reply to mere personal charges or allusions; we have strictly adhered to the legitimate topics involved in the controversy, and that we might represent the positions and sentiments of our opponent fairly and truly, we have been careful to quote, in his own language, every position and sentiment which had been made the subject of comment and criticism. When we alluded to the requirements of the Michigan school, we took the pains to quote them verbatim, directly from their last Annual Announcement. When a single quoted paragraph was charged with having been separated from its proper connections and its meaning thereby perverted, we promptly requoted it together with all that preceded and followed, to which it could claim any relationship; thereby enabling our readers to judge for themselves. Nor was this all. For when the only *harsh* word we had used, was complained of and misrepresented, we cheerfully explained the true sense in which we had used it, thereby placing it in a light which should have satisfied the most fastidious. We pursued this course, not because our opponent was an old personal friend for whom we entertained special sentiments either of fear or favor, but simply because it was in accordance with our sense of propriety and our long established rules of action.

We regret to say that the editor of the *Peninsulur Journal*, Dr. A. B. Palmer, has seen fit to pursue a widely different course. Throughout the controversy, when alluding to the requirements of a rival school, instead of qnoting fairly and honorably from its published rules, he has conveyed false impressions by partial statements; arrogantly assumed the position of censor and charged the Faculty with delinquency in the performance of their public duties; and has well nigh exhausted the vocabulary of opprobrious terms, not to heap upon us, but to charge us with having used towards him. We had hoped that a persistent refusal, on our part, to reply to these personalities would eventually constrain our opponent to abandon so illiberal a course of conduct. In the December number of his Journal, however, while pretending to close the controversy, he has substantially repeated the most offensive of his personal charges, and with more arrogance than good taste, parades our courteous explanation of the sense in which we had used the word "falsehoods," as evidence of our shame and humiliation. It is an old maxim, that there is a point beyond which forbearance cases to be a virtue. We have now come precisely to that place. In the course of this controversy, Dr. Palmer has distinctly informed his readers, that we had used "*such* an array of *unmanly* evasions, *untruthful* statements, *false* accusations, and *bitter* bursts of feeling," as to utterly astonish him.

He has told them that we used "*false* and *abusive* language;" that we were "his *unjust* accuser—nay *his bitter traducer.*"

He charged us with having "*ignored*" the subject of preliminary education. And in his last article he again gives his readers to understand that we had previously passed "to the *extreme of rude courtesy* and *reckless misstatements*;" that we had accused him of "*falsehoods*, and *such other grossly unbecoming charges*," &c., &c. These are all strictly personal accusations, directly calculated to influence individual character; and we now call upon the editor of the *Peninsular Journal* either to retract every one of themor place the *proof* of their correctness before his readers. We do not ask for renewed assertions on his part; but if we have used "*unmanly* evasions, *untruthful* statements, and "*false* accusations," our language containing them is on record.

Let him place *that language* before his readers. If we have "unjustly accused" and "bitterly *traduced*," him, the proof is on record. Let him place it before his readers. If we have "ignored" preliminary education—if we have exhibited the "exreme of *rude discourtesy* and reckless misstatements"—if we have accused him of "falsehoods, and such other *grossly* unbecoming charges," let our language, containing these things be placed before *his* readers, verbatim et literatim, and we will abide their judgement. He has made the charges against us to his own readers, and we have a right to demand that he now place before them the *proof* or an explicit retraction. When he honorably complies with this demand, we will reciprocate the compliment he has paid us in the following sentence, from his last article.

He says: "Our excitable neighbor has learned wisdom from experience, and appears to have come to the conclusion that a degree of discretion is the better part of valor." We are certainly glad that our friend has discovered evidence of this in us. To learn *wisdom* by experience, that me might thereby exhibit an increase of discretion or good judgement, has been, with us, one of the leading objects of life. We only regret that we have not discovered greater progress in the same direction, on the part of our Michigan neighbor.

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Rush Medical College.—In the introductory lecture of Prof. Brainard, contained in this number of the Journal, the reader will find an interesting history of this institution from its foundation to the present time. We will only add that the number in attendance, thus far this session is one hundred and forty; a very gratifying increase over several previous years.

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Professional Changes.—The chair of Obstetrics in the Medical College of Virginia, recently made vacant by the death of Prof. Bohannan, has been filled by the appointment of Dr. Conway, of Richmond. The chair of Chemistry in the College of Physicians and Surgeons, of New York, made vacant by the resignation of Prof. J. Torry, has been filled by the appointment of Prof. John Le Conte, of the University of Georgia.

Dr Alexander H. Stevens, venerable in years, and eminent for his professional attainments, has retired from the office of President of the same College; a station which he had honorably filled for many years.

Dr. T. Romeyn Beck, pre-eminent as a citizen, a teacher, and a man of science, died in Albany, New York, on the 18th of

November 1855. Full of years and honors he has gone to the reward of his labors.

Edinburg University: Dr. Laycock, has recently been appointed to the chair of Practical Medicine in this ancient seat of medical learning. His competitors were Drs. Bennett, Craigie, Douglas, Gardner, McCormac, Munro, and Wood.

◆

What is thought of our National Organization on the other side of the Atlantic.—The *Medical News* of Philadelphia, copies the following complimentary notice of the American Medical Association and its Transactions, from the Association Medical Journal of Great Britain. Let the profession in America continue to sustain their National Organization in such a manner that it shall constitute an example well worthy of imitation by our brethren on the other side of the wide waters.

"Of such a body as this—the most enlightened representatives of the greatest medical constitutency in the world, it would be presumptuous for us to speak in terms of praise; and we must be content to place before our readers a sketch of the scope and result of its past labors.

"We find then, on referring to the volumes of *Transactions* already published by the Association, that, in the first place, the duties of the standing committees have been ably and thoroughly fulfilled. We find the progress of medical science as a whole, and of practical medicine, surgery, and obstetricy, the most prominent divisions of the main subject, have been carefully and accurately traced in a series of reports worthy of the highest praise. Clear, concise, and comprehensive, these reports reflect the greatest credit, not only upon the committees from whom they have eminated but also upon the judgement of the Association in selecting the members of those committee for their respective duties.

"The Committee on Medical Education, having commenced its labors by a description of melancholy deficiencies, and having constantly endeavored to remove them, was enabled to sum up last report in the following words of cheerfulness and encouragement:—

"Your Committee are pleased to bring, from the different sections of the country in which they reside, gratifying assurances that the labors of this Association have thus far been fruitful of good results. The volutary principle in its organization, and its representative character, increases from year to year its moral power and influence, which have been manifest in the increase of State and county societies, and in the efforts which many of the medical schools have made to conform to its recommendations.'

"The Committee on Medical Literature has 'considered the general subject assigned to it, under three heads, viz.: the medica periodicals; the medical publications, including monographs and books: and the best means of elevating the character and extending the usefulness of the national medical literature.' The first report intimates (it is a remarkable fact that, in the New World the errors of medical periodicals are not 'beneath the dignity' of a learned society) that. with regard to the medical journals, 'a sore cause of complaint, of occasional but not frequent occurrence, is to be found in the liberties allowed to anonymous writesr—not so much with regard to each other, for, if "Medicus" and "Senex" were to succeed in reciprocal annihilation, the loss might not be serious—but with regard to their neighbors at large, and to things in general.' 'An editor,' says the report, 'is responsible that nothing shall be admitted into his pages, the essential character of which is hostile and inflammatory, on the same principle that he is bound to be courteous in his common intercourse.' In the same paper the American translations or reprints, together with the original works on medicine, are criticized or mentioned. Under the surveillance of a committee guided by the principles we have described, it will afford no matter of surprise that the report on Medical Literature presented in 1853, should contain much to indicate progress as well as much of warning and admonition for the future. Although very sparing of praise, it concludes by the expression of a 'confident conviction that the literature of our profession has already commenced a rapid improvement, which is destined to continue until it attains an elevation and influence corresponding with the high social and political destiny of our country.'

'Besides the regular proceedings of the standing committee, the American Association has accomplished a laborious investigation of the indigenous Medical Flora of the Union: has examined into, and reported upon, the adulteration of drugs: has ascertained the sanitary condition of the various States and the difference between them in respect of the public health; and has on several occasions appointed committees for the study of epidemics and of